

Virginia Opioid Abatement Authority Application for Awards for Cooperative Projects Involving Cities and Counties

1. Contact Information

This application is for cooperative projects consisting of a cooperative partnership between at least two cities and/or counties within the same [Department of Behavioral Health and Developmental Services \(DBHDS\) region](#).

Complete this table for all cities and/or counties involved in the cooperative partnership.

Name of City/County	Contact Person	Mailing Address	Phone #	Email

Application for Awards for Cooperative
Projects Involving Cities and Counties

2. Fiscal Agent

- a. One of the participating cities or counties must serve as the fiscal agent for the cooperative project. The fiscal agent will be responsible to ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.
- b. City/County Serving as Fiscal Agent Grayson County city county
- c. Physical address: 129 Davis Street, Suite 204, Independence, VA 24348
- d. Mailing address: PO_Box_217,_Independence,_VA_24348
(if different than physical address)
- e. Contact Person for this application
- i. Name: Vicky Novack
- ii. Job Title: Day Report Supervisor
- iii. Office Phone: 276-773-2471 x101 Cell Phone: _____
- iv. Email: vkeesling@graysoncountyva.gov

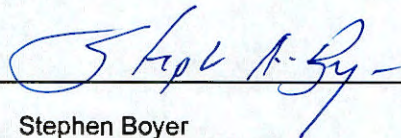
3. Agreements

- a. Attach a copy of the cooperative partnership agreement between the participating cities and/or counties for the project. The agreement should also designate the city or county selected as fiscal agent for the cooperative project. A SAMPLE agreement is available here.
- i. If any participating city and/or county elects to allocate a portion of its Individual Distribution from the OAA to this regional project, the Cooperative Partnership Agreement should clearly document the commitment and amount.

4. Signature

Signature section must be completed by a person designated with signatory authority in the MOU/MOA noted in Part 3.a of this application.

"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge."

Signature 

Print Name Stephen Boyer

Title County Adminsitrator, Grayson County, VA

Date May 3, 2023

5. Project Proposal

Complete the information below for the project the cooperative partnership is requesting to be funded.

a. Is this project:

A new effort for the participating cities/counties.

A proposed supplement or enhancement to a project or effort that is already in place.

How long has the project existed? _____

A combination of enhancing an existing project/effort with new components.

How long has the project existed? _____

b. Provide a brief narrative description of the proposed project including the requested term (1-5 years).

c. Describe the objectives of this project

d. How was the need determined and how does that need relate to abatement?

**Application for Awards for Cooperative
Projects Involving Cities and Counties**

- e. Who are the targeted beneficiaries, and how many persons are expected to participate per year?
- f. Briefly describe (name or organization, description of role, budget, etc.) the organization(s), including any sub-recipients or contractors (if known) that will be involved in this project. 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.

g. Is the project classified as evidence-based?

Yes

No

If yes, attach supporting information to this application.

h. Is the project classified as evidence-informed?

Yes

No

If yes, attach supporting information to this application.

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

Yes

No

If yes, attach supporting information to this application.

j. Has this project received any awards or recognition?

Yes

No

If yes, attach supporting information to this application.

k. Does this project have components other than opioid-related treatment as defined?

No, it is 100% related to opioid treatment

Yes, there are other substances involved

If yes, what is the approximate percentage of the project that covers opioid-related abatement (i.e., 20% of the patients who seek services have opioid-related disorders)?

Application for Awards for Cooperative Projects Involving Cities and Counties

- l. Attach a budget for that minimally includes FY2024 with line-item details for the project. If carry-over of OAA funds from FY2024 into FY2025 is expected, include this in the line-item budget. If there is intention to renew the funding (maximum of 4 renewals), include the projected budget for each subsequent fiscal year.
 - i. If a city or county in the cooperative partnership is allocating any of its Direct Distributions and/or any of its Individual Distributions from the OAA to this cooperative project, include line items for each as funding sources for the project.
- m. Complete and attach the [project timeline workbook](#) for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), complete the timeline for each subsequent fiscal year.
- n. Complete and attach the [performance measurement workbook](#) for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), include the complete the performance measures for each subsequent fiscal year.
- o. *(Optional)* Attach any additional narrative materials explaining the project, along with any research, data, plans, letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.

Virginia Opioid Abatement Authority Cooperative Agreement

WHEREAS, the mission of the Virginia Opioid Abatement Authority (OAA) is to abate and remediate the opioid epidemic in the Commonwealth through financial support in the form of grants, donations, or other assistance; and

WHEREAS, the OAA operates a financial assistance program to support certain cooperative partnerships of cities and/or counties in Virginia that implement regional efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids; and

WHEREAS, the cities and/or counties listed below have committed to work together to develop and jointly submit an application for regional cooperative partnership funding from the OAA; and

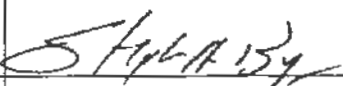
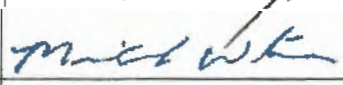
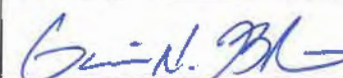
WHEREAS, at least two of the cities and/or counties listed below are located within the same region of the Department of Behavioral Health and Developmental Services; and

WHEREAS, the cities and/or counties and other organizations listed below agree they will execute a legally binding agreement formalizing the cooperating partnership if the application for financial assistance is approved; and

WHEREAS, the cities and/or counties and other organizations listed below agree that insert name of Grayson County will serve as the fiscal agent for the cooperative partnership if it is awarded; and

WHEREAS, the cities and/or counties and other organizations listed below seek a total of \$290,199 in grant funding from the OAA for Fiscal Year 2024.

NOW, THEREFORE, BE IT RESOLVED, the cities and/or counties and other organizations listed below hereby authorize Grayson County acting as fiscal agent to execute the cooperative partnership grant application to the Virginia Opioid Abatement Authority and to execute all documents in connection therewith.

Name of City, Count or Organization	Printed Name of Authorized Signor	Title of Authorized Signor	Signature
Grayson County	Stephen Boyer	County Administrator	
Carroll County	Mike Watson	County Administrator	
Galax City	Gavin Blevins	Int. City Manager	

****Italicized section is optional and only required if a participating city or county is allocating their Individual Distribution to the project. If multiple cities and/or county are allocating, create an additional line for each.**

Virginia Opioid Abatement Authority

Michael Watson
County Administrator



Crystal Adams

Michelle Dalton

Office of the Administrator

605-1 Pine St.
Hillsville, VA 24343

May 11, 2023

Cindy Newman
Abatement Resource Coordinator/Southwest Virginia
Virginia Opioid Abatement Authority
701 E. Franklin St., Suite 803
Richmond, VA 23219

Dear Ms. Newman,

Carroll County has approved in the FY24 Budget a total of \$108,000 for Opioid Abatement Funding. This specific project, Cooperative Grant, will be funded \$10,000 and will be appropriated at a future meeting.

If you have any questions, please feel free to contact my office directly at 276-730-3001.

Respectfully,

A handwritten signature in blue ink, appearing to read "m. watson".

Michael Watson
Carroll County Administrator



CITY OF GALAX

TELEPHONE & TDD
276-236-5773
FAX 276-236-2889

May 11, 2023

Vicky Keesling
Twin County Recovery Court
Carroll County
Galax City
Grayson Count
vkeesling@graysoncountyva.gov

Dear Ms. Keesling,

City of Galax has appropriated \$10,000 of their direct opioid distribution funds as a match to Twin County Recovery Court's cooperative grant proposal. The City of Galax agrees for Grayson County Virginia serving as fiscal agent for the cooperative grant. I am attaching the minutes from the City Council meeting approving the appropriation.

In the event, the Cooperative Grant is not awarded, the City of Galax will reimburse Twin County Recovery Court up to \$10,000 for emergency housing, transportation services, and inpatient services City of Galax citizens during FY2024. The funds will be subject to audit and reporting. To ensure the City of Galax can meet the "Gold Standard", the City of Galax will require sufficient documentation for reimbursement.

The settlement agreements require 100% of the funding to be utilized for incremental opioid abatement activities. The funds cannot be used to supplanting of existing program funding. Abatement programs must be evidence-based or evidence informed methods, programs, or strategies.

The City of Galax will require semi-annual reports on the program's impact and number of beneficiaries participating. These will be due December 31 and June 30.

Sincerely,

Gavin N. Blevins
Interim City Manager

111 EAST GRAYSON STREET – GALAX, VIRGINIA 24333