

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

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 City of Roanoke, VA city county
- c. Physical address: 215 Church Avenue SW, Suite 364, Roanoke, VA 24011
- d. Mailing address: Same as above
(if different than physical address)
- e. Contact Person for this application
- i. Name: Wayne Leftwich
- ii. Job Title: Assistant to the City Manager
- iii. Office Phone: 540-853-6357 Cell Phone: 540-524-2282
- iv. Email: wayne.leftwich@roanokeva.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 Robert S. Cowell, Jr.

Title City Manager

Date May 5, 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?

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- 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)?

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- 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

THIS COOPERATIVE AGREEMENT made this 5th day of May, 2023, by and between the CITY OF ROANOKE, a municipal corporation of the Commonwealth of Virginia (the "City"), and the COUNTY OF ROANOKE, a chartered county of the Commonwealth of Virginia (the "County").

WITNESSETH:

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

WHEREAS, the VOAA 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;

WHEREAS, the City of Roanoke and Roanoke County have committed to work together to develop and jointly submit an application for regional cooperative partnership funding from the VOAA;

WHEREAS, the City of Roanoke and Roanoke County agree that the City of Roanoke will serve as the fiscal agent for the cooperative partnership if awarded;

WHEREAS, the City of Roanoke and Roanoke County seek a total grant in the amount of \$500,000 from the VOAA for Fiscal Year 2024.

Name of City, County, or Organization	Printed Name of Authorized Signor	Title of Authorized Signor	Signature
City of Roanoke, Virginia	Robert S. Cowell, Jr.	City Manager	See Below
County of Roanoke, Virginia	Richard L. Caywood	County Administrator	See Below

NOW, THEREFORE, in consideration of the mutual benefits to be derived from this Cooperative Agreement to our respective communities, the parties hereto covenant and agree as follows:

ARTICLE I - PURPOSE

The purpose of this Cooperative Agreement between the parties is to seek a grant from the VOAA to help fund the maintenance and operation of the regions Collective Response Team to address the adverse impact of opioid addiction within the Roanoke Valley– Alleghany Regional Commission’s service area.

ARTICLE II - GOALS AND OBJECTIVES

The goals and objectives of the Collective Response Team are to 1) Support individualized and collective needs of regional localities by: convening, planning, and advising on best practices; matching service providers with localities and collaborative organizations; expanding geographically to serve all localities in Roanoke Valley – Alleghany Regional Commission’s service area; provide technical assistance on prioritizing needs. 2) Increase visibility of RVCR to foster increased participation and collaboration across organizations and localities. 3) Improve visibility and compatibility among data systems across the medical, planning, and emergency response sectors to enable more effective data sharing and reporting.

ARTICLE III - TERM OF THE GRANT REQUEST

The term of the grant request shall be for the 2024 fiscal year.

ARTICLE IV - OBLIGATIONS OF THE PARTIES

The City and County agree that the following represents their respective obligations:

1. The City and County will execute and submit a cooperative partnership grant application to the Virginia Opioid Abatement Authority for the maintenance and operation of the Collective Response Team, the details of which are further set forth in the grant application.
2. The City and County agree to execute and deliver any documents to the VOAA necessary for the receipt of the grant funds requested in this grant application.
3. The City agrees to serve as the fiscal agent for the grant funds requested in this grant application.
4. The terms of the grant application are hereby incorporated into and made a part of this Cooperative Agreement.

ARTICLE V - MISCELLANEOUS

Captions and Headings. The section captions and headings are for convenience and reference purposes only and shall not affect in any way the meaning or interpretation of this Cooperative Agreement.

Waiver. No failure of any party to insist upon strict observance of any provision of this Cooperative Agreement, and no custom or practice of the parties at variance with the terms hereof, shall be deemed a waiver of any provision of this Cooperative Agreement.

Governing Law. This Cooperative Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia.


Entire Agreement: This Cooperative Agreement and the grant documents referenced herein represent the entire integrated agreement between the parties.

IN WITNESS WHEREOF, the parties hereto have executed this Cooperative Agreement dated this 5th day of May, 2023.

WITNESS:

CITY OF ROANOKE, VIRGINIA




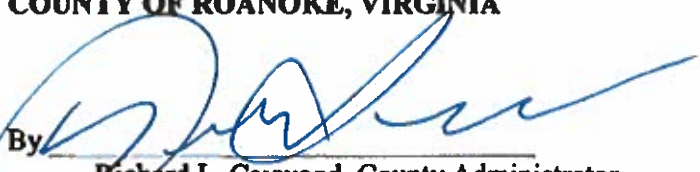
By 
Robert S. Cowell, Jr., City Manager

Wanda R. McGill
Executive Administrative Assistant
Printed Name and Title

WITNESS:

COUNTY OF ROANOKE, VIRGINIA

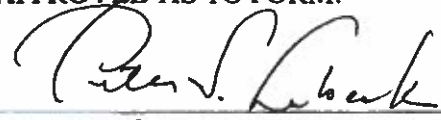


By 
Richard L. Caywood, County Administrator

Madeline L. Sefuk, Assistant to the County Administrator
Printed Name and Title

APPROVED AS TO FORM:

APPROVED AS TO FORM:


City Attorney
County Attorney