

Virginia Opioid Abatement Authority Application for Planning Grants for Individual Cities and Counties

1. Contact Information

- a. Name of City or County: Powhatan city county
- b. Physical address: 3834 Old Buckingham Road, Powhatan, VA 23139
- c. Mailing address: _____
(if different than physical address)
- d. Contact Person for this application
- i. Name: Will Hagy
- ii. Job Title: Deputy County Administrator
- iii. Office Phone: 804-598-3719 Cell Phone: 804-892-4804
- iv. Email: whagy@powhatanva.gov

2. Cost and Funding

- a. What is the total cost of the planning effort? \$175,000
- b. Does this city or county intend to provide a monetary match from its Direct Distribution from the settlement administrator(s)?
- Yes
- No
- If Yes, how much? \$17,500 (10%)
- c. Does the city or county intend to provide a monetary match from its Individual Distribution from the OAA?
- Yes
- No
- If Yes, how much? _____

Note that if the Individual Distribution is used as a monetary match, this will serve as application to the OAA for this portion of the city or county's Individual Distribution from the OAA.

d. Does the city or county intend to provide a monetary match from its general fund?

Yes

No

If Yes, how much? _____

e. What is the total funding requested from the OAA for the planning grant? _____

3. Information

a. Does the city or county intend to contract with a vendor or other organization to support this effort?

Yes

No

If Yes, attach a copy of the procurement documents (scope of work, request for proposal, etc.) that defines the scope of services to be provided.

b. Narrative

i. Provide a narrative description of the goals of this effort.

See Attached RFP.

c. Budget

i. Provide a line-item budget for this effort that includes projected expenditures as well as any funding resources identified or requested in section 2.

4. Signature

Signature section must be completed by the person designated with signatory authority by the city or county's governing body.

"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 William "Will" Hagy

Title Deputy County Administrator

Date 5-1-2023