

Virginia Opioid Abatement Authority

(OAA) Grant

Application Portal User Guide

Version 1 September 13, 2024 Version 2 October 29, 2024

Version 3 January 10, 2025 Version 4 February 10, 2025

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PURPOSE

The OAA portal allows users to register and apply for a grant for their City, County, Cooperative or State Agency to receive funds allocated to the Abatement of Opioid Abuse in Virginia. The **Grant Application – User Guide** explains the comprehensive end-to-end procedure to create a Grant Application.

PERSONAS

| Persona | Responsibilities |
|---|--|
| Individual Distribution (a single City or County) Grant Applicant | One City or County applying for an Individual Grant. The applicant is responsible for registering an user account and completing their profile. Then the applicant can start applying for a new grant, amending an existing grant, and/or renewing their approved grant application. If any updates are requested by OAA then the applicant must respond using this Portal in order to complete their application process. Also, an Annual Report is also required at the end of the Fiscal Period in order to complete that year's grant lifecycle. At least one person with the legal authority to sign for the City or County must also complete an e-Signature before a grant application can be submitted. All applicants responsible for completing the application must be designated as an Authorized Person. |
| Cooperative Partnership (more than one Cities and/or Counties) Grant Applicant | • Only one of the Cities or Counties completing the competitive Cooperative Application must be designated as a <u>Fiscal Agent</u> (who completes the main application on behalf of their City or County and the other <u>Partner</u> Cities and/or Counties). The Fiscal Agent is responsible for registering an user account and completing their profile. |

| | Then the applicant can start applying for a new grant, amending an existing grant, and/or renewing their approved grant application. If any updates are requested by OAA then the applicant must respond using this Portal in order to complete their application process. Also, an Annual Report is also required at the end of the Fiscal Period in order to complete that year's grant lifecycle. The Partner applicants must also provide their portions of the Cooperative application separately. At least one person with the legal authority to sign for each Fiscal Agent or Partner City or County must also complete an e-Signature before a grant application can be submitted. All applicants responsible for completing the application must be designated as an Authorized Person. |
|--|---|
| State Agency (Virginia Commonwealth – State – Government) Grant Applicant | The person applying for a competitive State Grant is responsible for registering an user account and completing their profile. Then the applicant can start applying for a new grant, amending an existing grant, and/or renewing their approved grant application. If any updates are requested by OAA then the applicant must respond using this Portal in order to complete their application process. Also, an Annual Report is also required at the end of the Fiscal Period in order to complete that year's grant lifecycle. At least one person with the legal authority to sign for the State Agency must also complete an e-Signature before a grant application can be submitted. The applicant responsible for completing the State Agency must be designated as an Authorized Person. |



Your submitted application will be reviewed by OAA staff and possibly returned to you for revisions to data entry or additional inputs such as uploaded files. The Grant Committee will review your application and make an award based on their assessment. If your application is awarded you will receive an email and payment will be processed as appropriate based on the award amount(s) specified.

SIGNING UP

TO LOGIN OR TO CREATE A NEW ACCOUNT:

- 1. Access the Virginia OAA Grants Portal at https://www.voaagrants.us
 - a. Please reference this User Guide and FAQ (Frequently Asked Questions) at URL.
- 2. The following screen will appear:

| Abatemen | | | |
|------------------------|--|--------------|--|
| A SHILL OF | State State | State State | |
| -5 | on the Abatement at the | 12 Martin | |
| and Aure official Abar | Login | oioid Abatez | |
| A ROAL | Hello there, login to the screen below | ainia A | |
| | Username / Email Address Password | 3_0 | |
| aid Abatement A. | Login | tement | |
| ST AL | Forgot p | bassword? | |
| -5 | Doesn't have an account? Register | 15 M | |
| en, d Abal | | | |
| State Strong | | | |

- 3. If you already have an account then please enter your **Username / Email** Address and **Password** in the associated fields and click the **Login** button.
- 4. If you forgot your password, click the **Forgot password?** link on the **Forgot Password**? page.



5. After entering your email address and selecting the Next button the system will email you a password reset link and you will see this screen pictured below:



6. If you haven't registered then please select the blue **Register** link at the bottom of page, it appears after this text: Doesn't have an account?



- 7. Fill out the required fields and upload the required document on the Register page.
 - a. This process will require you to download a letter template that must be filled out authorizing you to apply for a grant on behalf of the city, county, or state agency that you select as a part of the registration.
 - b. The uploaded letter must be on the letterhead of the city, county, or state agency.



Register

Hello there, fill details to register.

* First Name

Enter First Name

Middle Name

Enter Middle Name

*Last Name

Enter Last Name

Suffix

Enter Suffix

*Email

Enter Email

* Phone

Enter Phone Number



8. After you submit the Registration, it will be forwarded to the OAA for review and approval. Your authorization letter will be reviewed by the OAA and your registration will be either Approved or Declined. This could take one or more business days.



9. If your registration is Approved you will receive a confirmation email for your OAA Registration Form Submission.

| Sandbox: OAA - Registration Form Submission > Inbox > 🕞 | |
|--|--|
| to interview int | |
| Dear | |
| Your registration form for 'Alexandria City' has been successfully submitted. Any further action on your request will be sent via email. | |
| Regards, Virginia Opioid Abatement Authority | |
| $(\begin{array}{c} & \\ \hline \\ \hline$ | |

10. And you will receive a second email with a password reset link so you can choose your own password.

| • ! | Im Im I |
|-----|--|
| | password > Inbox × |
| | OAA Grants Portal via salesforce.com Aug 27, 2024, 3:00 PM (2 days ago) to t |
| | Hi and the second s |
| | Your password has been reset for OAA Grants Portal. Please create a new password by clicking the below link. |
| | |
| | https://voaauat.sandbox.my.site.com/grants/secur/forgotpassword.jsp?r=00DHv0000008jHp005 |
| | HV000001F0k1CjwKMwoPMDBESHYwMDAwMDA4akhwEg8wMkc4MjAwMDAwMDBa |
| | 200aDZAWNONZMDAWMDAXKJBrVBIP8euumTISEHFmFIK05CSabJHvv4yTcKj0aD0jDw8qtZxj24vv9iSi53vvipp03n04 |
| | LDD2/VCZEKG2Qprosk6Q0BCgiPL4/iCO9wr2fil041bu2/m95JLBDB0ywpVJ8d82p&display=page&rpot=b2312421- |
| | <u>1004-4047-0035-4417C14463639C711031-3636-4186-966C-016472611978</u> |
| | Regards |
| | Virginia Opioid Abatement Authority |
| | |
| | |
| | |
| | $(\Leftrightarrow \operatorname{Reply}) (\Leftrightarrow \operatorname{Reply} all) (\Rightarrow \operatorname{Forward})$ |
| | |

| \bullet • • 👩 💼 🕒 Change Your Password OAA G 🗙 + | | | |
|---|---|--|---|
| ← C 🗅 https://voaauat.sandbox.my.site.com/grants/_ui/system/securit | ty/ChangePassword?retURL=%2Fgrants%2Fapex%2FCom | | ☆ |
| | salesforce Change Your Password Change Your Password Change Your Password Inter a new password for Inter a new password Inter a new password< | | |
| | © 2024 Salesforce, Inc. All rights reserved. | | |

11. This is the Change Your Password (password reset page):

12. Your new password must be 8 characters in length, with 1 letter, 1 number and 1 special character.

| Salesjoic | e |
|--|----------------------|
| Change Your Pas | ssword |
| Enter a new password for james.moore+one@mtxb2b.com. N include at least: | Make sure to Good |
| Confirm New Password | |
| ······· | Match |
| Change Passwor | d |
| Password was last changed on 8/29/2 | 024, 8:48 AM. |

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13. The Dashboard page displays From this page you can choose different options using the navigation provided. See next section "<u>Navigation</u>".

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|---|-------------------------------------|------------------------------------|--|--|
| \leftarrow C \textcircled{D} https://voaa | uat.sandbox.my.site.com/grants/s/ | | | 🟠 🕕 📬 🔂 🐨 🎝 |
| OPIOID ABATEME GRANTS MANAGE | ENT AUTHORITY EMENT | | | Suffolk City - () JamesOne MooreOne - |
| Dashboard | Dashboard | | | |
| Grants Management | \$0 Amount Awarded | O Applications Awarded | 6 Opportunities Available | O Applications Near Due Date |
| Historical Downloads Estimated Funds Look-Up Tool | Applications | | | |
| COOP Partner Dashboard | In Progress (1) Submitted (0) | Under Review (0) Assigned Back (0) | Awarded (0) Closed (0) | |
| | Suffolk City-2025-IDIC-New-000259 @ | | | Draft |
| | Project Name test | Due Date 9/30/2024 | Proposed Amount Awarded Amount \$0.00 \$0.00 | Resume |
| | | | | |
| | | | | |

DASHBOARD - OAA SITE NAVIGATION

DASHBOARD OVERVIEW:

In the upper left hand corner is the OAA logo, a <u>Home</u> button which will take you back to the Dashboard.

a. NOTE: Be careful when using this button there will be no option to Save your progress if you are working on an application.

| 📕 🍋 🥵 🖬 🖾 🖉 🗸 | A OAA Home × + | | | |
|----------------------------------|--|------------------------------------|--|---------------------------------------|
| ← C 👌 https://voaa | auat.sandbox.my.site.com/grants/s/ | | | 🗘 ወ 🛊 🛈 🗞 … 🦪 |
| OPIOID ABATEMI GRANTS MANAGI | ENT AUTHORITY - HO | ome Switch Loc | ality — | Suffolk City ✔ () JamesOne MooreOne ▼ |
| Dashboard | Dashboard | | Access Profile Menu | |
| Grants Management Members | \$0 Amount Awarded | O Applications Awarded | 6 Opportunities Available | O Applications Near Due Date |
| Estimated Funds Look-Up Tool | Applications | | | |
| COOP Partner Dashboard | In Progress (1) Submitted (0) | Under Review (0) Assigned Back (0) | Awarded (0) Closed (0) Grai | nt Applications filtered by |
| Navigation | Suffolk City-2025-IDIC-New-000259 Project Name test | Due Date 9/30/2024 | Proposed Amount Awarded Amount \$0.00 \$0.00 | Draft Resume |
| | List of Grant Applicatio | ns for selected Status f | ilter | |

In the upper right hand corner there will be 2 drop down lists:

- b. The first will allow you to <u>Switch Locality</u> (City or County or to access a different State Agency) than currently listed on the drop down.
- c. The second will allow you to <u>Access Profile</u> this will display your First and Last Names then drop down menu with a down arrow:
 - Profile Menu options:
 - <u>My Profile</u> opens a page where you can edit some of your Profile Details such as contact information, you may also upload a small (500 kb max.) photo of yourself.

| OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | | | Suffolk City 🗸 | JamesOne MooreOne |
|---|--|---|----------------|-------------------|
| ← Back to dashboard | | | | |
| Profile Details | | | | ✓ Edit |
| Description Choice of the Edit button to updada a new photo Cisck on the Edit button to updada a new photo Size of the image must be less than 500Kb (5Mb) Image must be in proglog/goeg format only. | Asterisk (*) indicates required field Suffix Middle Name Email james.moore+one@mtxb2b.com *Title One | *First Name JamesOne *Last Name MooreOne *Phone (916) 704-6674 | | |

2. <u>Manage Locality</u> - allows you to add your user to other Localities (Cities or Counties or State Agencies, for instance) or remove your user from an already existing Locality.

| PIOID ABATEMENT AUTHORITY RANTS MANAGEMENT | | | |
|---|---|--|--|
| bried | | | |
| Manage Locality | | | |
| Asterisk (*) indicates required field | | | |
| If you are intending to create/edit application | ations and/or reports for multiple cities/counties, please use the search fun | ction below to request to add the locality to your profile. All pending requests will be liste | ed below and you will be notified once your request has been approved. |
| Search Locality | | | |
| ् tairfax | | ٥ | |
| Add a Locality from the below list | | | |
| Locality Name | | Locality Type | Actions |
| Fairfax City | | City | Add |
| Fairfax County | | County | O Add |
| Total added Locality(ies) | | | |
| Locality Name | Locality Type | Approved Date | Actions |
| Suttolk City | City | 8/15/2024, 07:38 AM | Remove |
| Pending Approval Locality(ies) | | | |
| Locality Name | Locality Type | Requested Date | Actions |
| | | | |

3. <u>Contact Us</u> - displays a pop-up with the email address for OAA.

| 🔸 🍨 🖉 📼 🛛 🖉 VA | OAA Home × + | | | |
|---------------------------------|-----------------------------------|---|-------------------------|----------------------------|
| ← C 👌 https://voaa | uat.sandbox.my.site.com/grants/s/ | | | 🖒 በ 🕼 🕀 🐨 📢 |
| OPIOID ABATEME GRANTS MANAGE | | | | |
| E Dashboard | Dashboard | | | |
| Grants Management | Śŋ | 0 | 6 | 0 |
| 🕰 Members | Amount Awarded | Applications Awarded | Opportunities Available | Applications Near Due Date |
| Historical Downloads | | | | |
| S Estimated Funds Look-Up | Applications | | | |
| COOP Partner Dashboard | In Progress (1) S Contact Us | | × | |
| | Suffolk City-2025-IDIC | Please reach out to us via email at info@voaa.us fo | r assistance | Draft |
| | Project Name test | | Cancel arded Amount | Resume |

- 4. Log Out ends your current session.
 - a. NOTE: Unsaved information may not be retained if you log out.

Below the OAA Logo / Home button on the left hand side there is a series of buttons which provide <u>Navigation</u>:

- d. <u>Dashboard</u> will return the user to this page.
- e. <u>Grants Management</u> will take the user to a page where the user may select to apply for different types of grants.
- f. <u>Members</u> will take the user to a page where they can view and invite members to a grants application.
- g. <u>Historical Downloads</u> will take the user to a page where they can download PDF versions of various documents related to the Grant Application.
- <u>Estimated Funds Look-Up Tool</u> will take the user to a page where they can see yearly grant amounts available for certain types of grant funds. It is recommended that users begin their grant application process by reviewing the eligibility per fund for their locality (City or County).
 - NOTE: State Agency grant applications are competitive and do not have predetermined fund availability.

In the center of the page is a list of Applications filtered by status so the applicant can determine which grant applications are at what stage of the process:

i. <u>In Progress</u> – typically indicated that the grant application is in Draft status and has not been fully completed.

- j. <u>Submitted</u> this indicates that the grant application has been completed and will be queued for review by OAA Staff.
- k. <u>Under Review</u> this indicates that the grant application is being reviewed by OAA Staff. It could also have been resubmitted by the applicant with requested information or updates requested by OAA Staff and then provided by the applicant.
 - NOTE: This could represent one or more internal OAA Staff review steps.
- <u>Assigned Back</u> the grant application has been returned to the applicant with requested information or updates requested by OAA Staff. Those items will then be provided by the applicant in order to advance the internal review process.
- m. <u>Awarded</u> the grant application has been reviewed, approved and awarded. There may be additional steps for the purpose of making the award payments including signatures.
- n. <u>Closed</u> the grant application has been closed, either running its complete course of action or not being accepted for committee review or not being approved.

GRANTS MANAGEMENT

| GRANTS MANAG | EMENT | Highland County 🗸 💿 JamesDEMO MooreDEMO 👻 |
|--|--|---|
| Dashboard | | |
| Grants Management | Grants Management | Q Search Grants |
| Members | OAA Individual City/County Distribution Grant - 2025 Open | Start Annual Reporting Apply |
| Historical Downloads Estimated Funds Look-Up Tool COOP Partner Dashboard | Fiscal Year New Application Renewal Application Amend Application Annual Reporting 2025 Open Date 8/1/2024 Open Date 7/29/2024 Open Date 7/30/2024 Open Date 7/28/2024 Due Date 9/20/2024 Due Date 10/16/2024 Due Date 10/2024 Due Date 11//2024 | |
| | Purpose This grant is to support the individual cities and counties who are working towards the prevention of opioids. © View Details | |
| | 🖬 info@voaa.us | |
| | OAA Individual City/County Distribution Grant - 2026 Open | Start Annual Reporting Apply |
| | Fiscal Year New Application Renewal Application Amend Application Annual Reporting 2026 Open Date 8/18/2024 Open Date 8/18/2024 Open Date 8/13/2024 | |
| | Due Date 9/30/2024 Due Date 9/30/2024 Due Date 9/30/2024 Due Date 9/30/2024 | |

TYPES OF GRANTS:

- Locate the type of grant you want and check the button to "<u>Apply</u>" or "<u>Start</u> <u>Annual Reporting</u>". The Annual Reporting only applies to previously awarded grants.
 - a. You can also use the Search Grants feature in the upper left hand corner to locate a specific grant type.
- 2. The type of grant name is visible at the top of each grant.
- 3. If the type of grant you select is available for application, there will be green "Open" to the right of the name of the grant.
- 4. Immediately below the type of grant name the Fiscal Year for the grant is displayed as a 4-digit year.
- To the right of the Fiscal Year are one or more of the gray boxes that describe the Open Date and Due Date for each type of grant Application (New, Renewal, Amend, or Annual Reporting). The dates indicate what the date ranges are allowed for that type of application to be submitted.

- Beneath those boxes will be the <u>Purpose</u> of the grant type in a summary the <u>View Details</u> link will display more information and you can use the <u>View Less</u> link to hide the extra text.
- 7. There is also a link for the email address "<u>info@voaa.us</u>" to contact OAA.
- 8. Finally there is a "<u>Download Terms & Conditions</u>" link to view a PDF of the terms and conditions.

| MEMBERS | | | | | |
|-----------------------------------|--|--|--------------------|-------------------|-------------------------|
| OPIOID ABATEME GRANTS MANAGE | ENT AUTHORITY EMENT | | | Highland County • | ● JamesDEMO MooreDEMO ▼ |
| Dashboard | Members | | | | + Invite Members |
| Grants Management | (i) Please select "Invite Member" t | to add those you would like to have access to edit your city/county/agency grant a | pplications and/or | reports." | |
| Ammbers | | | | | |
| Historical Downloads | Name | Email | Role | Title S | tatus Actions |
| S Estimated Funds Look-Up Tool | JamesDEMO VictorDEMO MooreDEMO SuffixDEMO | james:moorevoaidemo@mbbbbb.com | Primary | TitleDEMO | Active 🖌 Edit |
| COOP Partner Dashboard | Matthew Testing | - สายเมืองเมือง เม | Primary | test | Active 🖌 Edit |
| | | | | | |

INVITE MEMBERS:

You may either select an existing Member to "<u>Edit</u>" or you may choose to use the dark blue button in the upper right corner to "<u>+ Invite Members</u>".

- 1. Edit existing member:
 - a. Select the "Edit" button.
 - i. The following pop-up will be displayed:

| Members | | | | | | | + Invite Members |
|--|---|----------------------------------|-----------------------------------|----------------|-----------|--------|------------------|
| (i) Please select "Invite | Member" to add those you would like | e to have access to edit your ci | ty/county/agency grant applicatio | ons and/or rep | orts." | | |
| Name | Edit Member | | | × | Title | Status | Actions |
| JamesDEMO VictorDEMO MooreDEMO SuffixDEMO | Asterisk (*) indicates required fi *First Name | eld Middle Name | *Last Name | - 1 | TitleDEMO | Active | / Edit |
| Matthew Testing | JamesDEMO | VictorDEMO | MooreDEMO | | test | Active | 🖍 Edit |
| | Suffix SuffixDEMO | * Title TitleDEMO | * Phone (916) 999-8888 | | | | |
| | *Email james.moore+uatdemo@mtxb2 | * Role Primary | | | | | |
| | | | Cancel | re | | | |

- ii. Make any changes to the editable fields and then select the "<u>Save</u>" button.
- A "<u>Success Member Edited Successfully.</u>" message will appear in a green box as shown below:

| OPIOID ABATEMI GRANTS MANAG | ENT AUTHORITY EMENT | Success Member Edited Successfully. | × | Highland County 🗸 | ● JamesDEMO MooreDEMO ▼ |
|-----------------------------------|--|--|---------------------------------------|-------------------|-------------------------|
| Dashboard | Members | | | | + Invite Members |
| Grants Management | (i) Please select "Invite Member" to add those y | ou would like to have access to edit your city/count | y/agency grant applications and/or re | ports." | |
| A Members | · · | | | - | |
| Historical Downloads | Name | Email | Role | Title St | atus Actions |
| S Estimated Funds Look-Up Tool | JamesDEMO VictorDEMO MooreDEMO SuffixDEMO | james.moore+ualdemo@mtxb2b.com | Primary | TitleDEMO | Active 🖌 Edit |
| COOP Partner Dashboard | Matthew Testing | mterrill+uat2@voaa.us | Primary | test | Active / Edit |

- 1. Add or invite a new member:
- 2. Select the "<u>+ Invite Members</u>" button.
 - a. The following pop-up will be displayed:

| Members | | | | | | |
|---------------------------|-----------------------------|---------------------------------------|--|-----------|--------|---------|
| O Please select "Invite I | Member" to add those you wo | ould like to have access to edit your | city/county/agency grant applications and/or | reports." | | |
| Name | Invite Member | | × | Title | Status | Actions |
| JamesDEMO VictorDEMO | Asterisk (*) indicates req | uired field | | | | |
| MooreDEMO SuffixDEMO | * First Name | Middle Name | *Last Name | TitleDEMO | Active | 🖌 Edit |
| Matthew Testing | Enter First Name | Enter Middle Name | Enter Last Name | test | Active | 🖍 Edit |
| | Suffix | *Email | *Phone | | | |
| | Enter Suffix | Enter Email | Enter Phone Number | | | |
| | *Title | Organization Type | City/County/State Agency Name | | | |
| | Enter Title | County | Highland County | | | |
| | | | | | | |
| | | | Cancel Invite | | | |

- b. Fill in any information to the editable fields and then select the "<u>Invite</u>" button.
- c. A "<u>Success Registration request has been successfully submitted for</u> <u>OAA Review. Please expect a notification email once approved. Edited</u> <u>Successfully.</u>" message will appear in a green box as shown below:

| 🧳 |
|--------|
| DEMO 👻 |
| nbers |
| |
| |
| |
| |
| |
| |
| |
| |

d. An automated email message will be sent to the invited member.

| Sandbox: OAA - Invitee Request Submission 🔉 Inbox 🛪 | | | ¢ |
|---|---|---|---|
| VA OAA Dev jain.deepanshu+oaanotification@mtxb2b.com <u>via</u> oo7qvtid 10:53AM (12 minutes ago) to james.moore+inm@mtxb2b.com ▼ | ☆ | ۴ | : |
| Dear InviteNewMember InviteNewMember, | | | |

You have been invited to the Virginia Opioid Abatement Authority (OAA) Grants Management System by 'JamesDEMO MooreDEMO' for 'Highland County' and your request is under review. Any further action on your request will be sent via email.

Regards,

Virginia Opioid Abatement Authority



- e. OAA Internal Staff will review and approve (or reject) the member invite.
 - An email notification will be sent once the request has been reviewed and approved. A second email message will be sent with the link to choose a password.

| Sandbox: OAA - Registration Request Approved > Inbox × | | | æ |
|---|---|---|---|
| | | , | |
| to james.moore+inm@mtxb2b.com - | ¥ | ل | : |
| Dear InviteNewMember InviteNewMember, | | | |
| Your registration request for 'Highland County' has been approved. | | | |
| Another email will be sent with your login username and a password reset link. | | | |
| Regards, Virginia Opioid Abatement Authority | | | |
| $(\begin{tabular}{c} & Reply \end{array}) (\begin{tabular}{c} & Reply \end{tabular} all \end{array}) (\begin{tabular}{c} & Forward \end{array}) \\ (\begin{tabular}{c} & Forward \end{array}) (\begin{tabular}{c} & Forward $ | | | |
| Sandbox: OAA - Account Information 🔉 Inbox × | | | ¢ |
| OAA Grants Portal <u>via</u> 9uhh5dru42xg.hv-8jhpmai.cs308.bnc.sandbox.s 11:10AM (14 minutes ago) to james.moore+inm@mtxb2b.com ▼ | ☆ | ŕ | : |
| Dear InviteNewMember InviteNewMember, | | | |
| Please find below the login username and click on password link to create a password. | | | |
| Username: james.moore+inm@mtxb2b.com Password Link: https://voaauat.sandbox.my.site.com/grants/login?c=mG1PKQA sbVBVEjG_NzpxWA3GvkEWNxKHcwCR1pUlj2TTC_02SP6kwNMKfFW921uexxe gsktFQuQPA3ZKkUHNLcac8m9gJqXeaGTZiwFdYVhVOWAR2tkDdPEgbtWVWGk vW2vqR6N4tTw91uv390mxvzfTNcOvd63wHnpob8hLcl7.2xrQbWS6pl2mgNy0cfoDAPoBZVDa | | | |
| Regards, Virginia Opioid Abatement Authority | | | |
| ← Reply ← Forward | | | |

HISTORICAL DOWNLOADS

This page is where you can <u>View/Download</u> PDF versions of various documents related to the Grant Application. You need to be aware of the status for a given application because that might indicate that something is still in progress.

| OPIOID ABATEM GRANTS MANAG | IEN GEM | T AUTHORITY ENT | | | | | Highland County - | ● JamesDEMO MooreDEMO ▼ |
|--|------------|--------------------------------|--|--------------|-------------------|-------------|----------------------------|-----------------------------------|
| Dashboard Grants Management | | Historical Dow | mloads | | | Q. Sea | rrch with Application Name | |
| A Members | | Grant Type | Application Name | Project Name | Status | Fiscal Year | Document Type | Actions |
| Historical Downloads | | Direct Distribution | Highland County-2025-DIRECT-New-000237 | | Submitted | 2025 | Application Intake | View/Download |
| Estimated Funds Look-Up Tool | | Individual Distribution (IDIC) | Highland County-2025-IDIC-New-000504 | test | Payment Initiated | 2025 | Gold Standard Agreement | View/Download |
| COOP Partner Dashboard | | Individual Distribution (IDIC) | Highland County-2025-IDIC-New-000504 | test | Payment Initiated | 2025 | Award Letter | View/Download |
| | | Individual Distribution (IDIC) | Highland County-2025-IDIC-New-000504 | test | Payment Initiated | 2025 | Application Intake | View/Download |
| | | | | | | | | |

HISTORICAL DOWNLOADS:

If there are too many Historical Downloads displayed you can use either the "<u>Search</u> <u>with Application Name</u>" control above the table of results or you can use the "<u>Filter</u>" control. This will allow you to select a single specific "<u>FIscal Year</u>" and "<u>Document</u> <u>Type</u>".

| Historical Dov | wnloads | | | | Search with Application Name | Filter Clear |
|--------------------------------|----------------------------|--------------|--------|-------------|------------------------------|----------------------|
| Grant Type | Application Name | Project Name | Status | Fiscal Year | Document Type | Actions |
| Direct Distribution | | | | _ | Application Intake | • View/Download |
| Individual Distribution (IDIC) | Historical Document Filter | | | × | Gold Standard Agreement | View/Download |
| Individual Distribution (IDIC) | Fiscal Year | | | | Award Letter | View/Download |
| Individual Distribution (IDIC) | Select an Option | | | × | Application Intake | View/Download |
| | Document Type | | | _ | | |
| | Select an Option | | | • | | |
| | | | Close | pply Filter | | |

ESTIMATED FUNDS LOOK-UP TOOL

This page is where you can see the amounts for different types of Distributions available per <u>Fiscal Year</u>. You can also use the "<u>Download Estimated Funds Lookup</u> <u>Tool</u>" link/button to download a copy as a .PDF file for reference as you complete a City or County allowable Distribution amounts for an Individual Grant Application, or Coop Grant Application. You may already have access to your <u>Direct Distributions</u> but you will need to apply for any <u>OAA Individual Distributions</u>. In order to access the <u>OAA Gold Standard Incentive</u> you must use the system to request approval and once you have an eligible grant application to receive Gold Standard Incentives. **Please note that all the Distribution Amounts are subject to availability and subject to change**. The Individual Distribution and Gold Standard Incentive must be approved by the Grants Committee before payments can be made to the Locality with the exception of the Direct Distribution. You request up to the <u>Balance Available</u> in the last column of each appropriate Distribution per Fiscal Year, be aware that those amounts will be adjusted as any Grants are applied for or awarded.

| OPIOID ABATH GRANTS MAN | EMENT AUTHORITY AGEMENT | | | | | | | | ighland County - | JamesDEN | 10 MooreDEMO 👻 |
|--|----------------------------|------------|------------------------------|---|----------------------|------------------------|----------------------------|---------------------------------|-----------------------------|----------------------------|----------------------|
| Dashboard Estimated Funds Look-Up Tool | | | | | | | | Download Estimated Funds Lookup | | | |
| | | | Direct Distributions | | | 0 | AA Individual Distribu | tion | OA | A Gold Standard Ince | entive |
| Members Historical Downloads | Fiscal Year (FY) | Projected | Pledged/Used as OAA Match | Non - OAA Projects Awarded/Proposed Amount | Balance Available | Eligible to Receive | Awarded / Used as Match | Balance Available | Eligible to Receive | Awarded / Used as Match | Balance Available |
| Estimated Funds Look-Un | 2022 | \$935.26 | \$0.00 | \$0.00 | \$935.26 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| S Tool | 2023 | \$5,920.71 | \$0.00 | \$0.00 | \$6,855.97 | \$2,678.03 | \$0.00 | \$2,678.03 | \$669.51 | \$0.00 | \$669.51 |
| COOP Partner Dashboard | 2024 | \$7,301.75 | \$0.00 | \$0.00 | \$14,157.72 | \$3,099.96 | \$0.00 | \$5,777.99 | \$774.99 | \$0.00 | \$1,444.50 |
| | 2025 | \$2,304.59 | \$2,304.56 | \$300.00 | \$13,857.75 | \$1,459.82 | \$1,459.82 | \$5,777.99 | \$364.96 | \$364.59 | \$1,444.86 |
| | 2026 | \$3,009.00 | \$0.00 | \$0.00 | \$16,866.75 | \$1,612.66 | \$0.00 | \$7,390.65 | \$403.17 | \$0.00 | \$1,848.03 |
| | 2027 | \$3,197.85 | \$0.00 | \$0.00 | \$20,064.60 | \$1,612.66 | \$0.00 | \$9,003.31 | \$403.17 | \$0.00 | \$2,251.19 |
| | 2028 | \$2,436.32 | \$0.00 | \$0.00 | \$22,500.92 | \$1,263.63 | \$0.00 | \$10,266.94 | \$315.91 | \$0.00 | \$2,567.10 |
| | 2029 | \$3,414.52 | \$0.00 | \$0.00 | \$25,915.44 | \$1,735.62 | \$0.00 | \$12,002.56 | \$433.90 | \$0.00 | \$3,001.00 |
| | 2030 | \$3,430.06 | \$0.00 | \$0.00 | \$29,345.50 | \$1,721.04 | \$0.00 | \$13,723.60 | \$430.26 | \$0.00 | \$3,431.26 |
| | 2031 | \$3,211.54 | \$0.00 | \$0.00 | \$32,557.04 | \$1,614.71 | \$0.00 | \$15,338.30 | \$403.68 | \$0.00 | \$3,834.94 |
| | 2032 | \$2,980.33 | \$0.00 | \$0.00 | \$35,537.37 | \$1,398.57 | \$0.00 | \$16,736.87 | \$349.64 | \$0.00 | \$4,184.58 |
| | 2033 | \$2,739.89 | \$0.00 | \$0.00 | \$38,277.26 | \$1,398.57 | \$0.00 | \$18,135.44 | \$349.64 | \$0.00 | \$4,534.22 |
| | | ****** | #0.00 | 60.00 | ¢40.000.00 | er 100 10 | AD 00 | \$40.074.F0 | £004.00 | eo oo | \$4.040.0F |

DIRECT DISTRIBUTIONS:

The <u>Direct Distribution</u> funds are already allocated to your Locality (either a Virginia City or County). There is a way in the system to record how much you have received in a given <u>Fiscal Year</u> and doing that will automatically update your remaining <u>Direct</u> <u>Distribution</u> amounts per <u>Fiscal Year</u> after processing is complete. **Please note that these amounts are subject to change and availability.** The Direct Distribution funds can be Pledged as an OAA Match or allocated to Non-OAA Projects if desired.

OAA INDIVIDUAL DISTRIBUTION:

The Individual Distribution funds listed are the amounts for each Fiscal Year, those amounts will change as awards are made or other adjustments are accounted for in the system. The Awarded /Used as a match column takes into account previous or current awards and amounts for your Locality (either a Virginia City or County) Individual Grant or linked to a Cooperative Grant as matching funds for Fiscal Agents / Partners in a Cooperative Grant Application. **Please note that these amounts are subject to change and availability.**

OAA GOLD STANDARD INCENTIVE:

These Gold Standard Incentive funds listed are the amounts for each Fiscal Year, those amounts will change as awards are made or other adjustments are accounted for in the system. The Awarded /Used as a match column takes into account previous or current awards and amounts for your Locality (either a Virginia City or County) Individual Grant or linked to a Cooperative Grant as matching funds for Fiscal Agents / Partners in a Cooperative Grant Application. **Please note that these amounts are subject to change and availability.**

COOP PARTNER DASHBOARD

This page is specific to Partner Cities and Counties who are part of a Cooperative Grant Application. It lists the Cooperative Grant Applications where your selected City or County is a Partner, this is where you would go to Upload documentation as a file requested by OAA Internal Staff as a part of your Cooperative Grant. If you are a Partner in many Cooperative Grants, you may wish to use the Search with Application Name feature in the upper right hand corner. The table displaying the results will only display matching application names if that feature is used, otherwise all Cooperative Grant Applications with your Locality as a Partner will be displayed.

| OPIOID ABATEM GRANTS MANAG | ENT AUTHORITY EMENT | | | | Highland County → | mesDEMO MooreDEMO 👻 |
|--|------------------------|--|-------------------------------------|---------------------------------------|--------------------------|----------------------|
| Dashboard Grants Management | <u>COOP</u> Partner | Dashboard | | | Q. Search w | ith Application Name |
| Members Historical Downloads | i Partner City/County | can upload supporting documents for re | enewing cooperative partnership app | plication using Upload Documents butt | on. | |
| S Estimated Funds Look-Up Tool | Application Name | Project Name | Status | Proposed Amount | Awarded Amount | Actions |
| COOP Partner Dashboard | | | No Cooperate P | Partner found. | | |

COOP PARTNER ACTIONS:

MOVE THIS PART

COMMUNICATIONS

This section is dedicated to the Communications that have taken place between the applicants and the OAA internal staff.

It can be accessed via the Communications tab from the left side navigation. Clicking on this left side navigation tab should take applicants to the new window screen where all the Communications can be seen.



Communications screen has the following tabs available to the applicant users i.e. All Communications, My Communications, Bookmarked.

| ALL COMMUNICATIONS: | | | | | | |
|--|-----------------------------------|------------------------|------------------------------------|--------------------|-----------------------------|----------------------|
| OPIOID ABATEMENT AUTH GRANTS MANAGEMENT | ORITY | | | | Fairfax County - | o Shashank Agarwal → |
| ← Back to dashboard | | | | | | |
| Communicatio | ns | | | | | |
| To notify an OAA employ | oyee directly, please use the @ s | sign followed by the e | mployee's name (i.e. @first name l | ast name). | | |
| All Communications | My Communications | Bookmarked | | | | |
| View By | | | | | | |
| Account | • | | | | | |
| Post | | | | | | |
| | | Share an upda | te | | Sha | re |
| Sort by: | | | | | | |
| Most Recent Activity 💌 | | | | Q Search this feed | | C |
| Matthew Terrill (Employe February 3, 2025 at 10:5 | e) 5 AM | | | | | • |

All Communications tab should have the following filter options available for them to select

- View By: This filter should have the following options available for selection
 - Account
 - Applications

Clicking on either of Account or Applications will lead to the additional filter to be selected

• Application Name - This filter would be coming based on the filter selected as Applications in the View By filter.

This should display the list of Applications which are present under the selected Agency i.e. City, County or State Agency. Applicants should have the option of selecting the **Application Name** from the list of Applications drop down.

On selecting the Application Name should also display the **Project Name** associated with that Application Name.

Clicking on **Share** button should allow applicants to initiate the chatter conversation where Applicants can tag the respective OAA staff or other agency users to be notified along with ability to attach files or attachments.

| By ount st Share an update | II Communications | My Communications | Bookmarked | |
|---------------------------------|-------------------|-------------------|------------|--|
| st Share an update | <i>м</i> Ву | | | |
| st Share an update | ccount | * | | |
| Share an update | Post | | | |
| | Share an update | | | |
| | | | | |
| | 6 | | | |

MY COMMUNICATIONS:

My Communications tab should display all the chatter communications where the logged in applicant user is being included in the communication.

| OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | Fairfax County - | Shashank Agarwal - |
|---|-----------------------------|--------------------|
| ← Back to dashboard | | |
| Communications | | |
| To notify an OAA employee directly, please use the @ sign followed by the employee's name (i.e. @first name last name). | | |
| All Communications My Communications Bookmarked | | |
| Sort by: Latest Posts ▼ | l | C |
| Earifax County — Matthew Terrill (Employee) February 3, 2025 at 10:56 AM @Matt Terrill (Customer) Test | | |
| iù Like Comment | | 1 view |
| Write a comment | | |

BOOKMARKED:

This is the section where all the Communications that have been bookmarked by the logged in applicant user will be appearing here.

| G G | PIOID ABATEMENT AUTH RANTS MANAGEMENT | IORITY | | | | Fairfax County √ | Shashank Agarwal + |
|----------------|--|---------------------------------|-----------------------------|----------------------------------|---------------------|-----------------------------|--------------------|
| ← Back to dash | board | | | | | | |
| | Communicatio | ons | | | | | |
| | (i) To notify an OAA empl | oyee directly, please use the @ | sign followed by the employ | ee's name (i.e. @first name last | t name). | | |
| | All Communications | My Communications | Bookmarked | | | | |
| | Sort by: Latest Posts 💌 | | | | Q Search this feed. | | C |
| | E Fairfax County – Matth February 3, 2025 at 10:5 | ew Terrill (Employee) 56 AM | | | | | |
| | Like Comment | | | | | | 1 view |
| | Write a comment | | | | | | |
| | | | | | | | |
GRANT TYPES AVAILABLE FOR APPLICATION

The following Grant Types are available for application:

Direct Distribution - this is available to Cities and Counties and can be used by itself, or as a part of an Individual or Cooperative. These funds are already allocated to the City or County and don't require Grant Committee approval.

Gold Standard – your City or County must apply for this as a part of the Individual or separately. If approved for your City or County, then there would be additional funds available on an Individual or as matching funds contribution on a Cooperative. If you want to apply for a Gold Standard you must apply for the Direct Distribution to be eligible for this potential allocation of funds.

Individual Distribution - your City or County must apply for an Individual and also apply for a Gold Standard (if not already applied for separately). These grants do require review and approval by the Grants Committee.

Cooperative Partnership - This is a competitive Grants Application where more than one City or County are participating as partners with one City or County designated as the Fiscal Agent and the other Cities or Counties are designated as Partners. The Grants Committee will review and determine if an approval for funding is available for that Cooperative Partnership. These Programs can only run a maximum of 5 years.

State Agency - This is a competitive Grants Application where a single State Agency can apply for a grant that would fund one or more Projects. The Grants Committee will review and determine if an approval for funding is available for that State Agency. These Programs can only run a maximum of 5 years.

Unrestricted - this is not a Grant Type you can apply for directly, however the Grants Committee and Board may determine that they want to provide additional funds for a specific application when it is approved. These funds are provided entirely at the discretion of the Grants Committee and Board.

APPLYING FOR A GRANT

There are several types of grants to apply for including grants for individual cities or counties, cooperative grants for more than once city or county applying together, state agency grants or special grants. You may also use Direct Funds or Gold Standard Funds.

GRANTS MANAGEMENT:

Find a type of grant to apply for within the New Application period. Select the "<u>Apply</u>" button. NOTE: Be sure to use the "<u>Estimated Funds Look-Up Tool</u>" and either print the results, download it or write down the amounts you can apply for per type of Distribution per Fiscal Year (FY). This information will make it easier to determine how much you are eligible for a grant. This doesn't apply to State Agency grants.

| OPIOID ABATEM GRANTS MANAG | ENT AUTHORITY EMENT | Highland County - 🥥 JamesDEMO MooreDEMO - |
|-----------------------------------|---|--|
| Dashboard | Grants Management | Q. Search Grants |
| Grants Management | | |
| at Members | OAA Individual City/County Distribution Grant - 2025 Open | Start Annual Reporting Apply |
| Historical Downloads | | |
| S Estimated Funds Look-Up Tool | Fiscal Year New Application Renewal Application Amend Application Annual Reporting | |
| COOP Partner Dashboard | Open Date 8/1/2024 Open Date 7/29/2024 Open Date 7/30/2024 Open Date 7/28/2024 Due Date 9/30/2024 Due Date 10/16/2024 Due Date 10/3/2024 Due Date 11/1/2024 | |
| | The Virginia Opioid Abatement Authordy's (OAA's) Individual Distribution and 'Gold Standard' Incentive grant awards for cities and counties come from the Opioid Abatement Papelying for awards for Individual Distribution and 'Gold Standard' Incentive projects from the OAA in compliance with the national settlement agreements, Commonwealth's m | und. The contents of this application are for cities and counties emorandum of understanding (MOU), and Code of Virginia. |
| | OAA Individual City/County Distribution Grant - 2026 Open | Start Annual Reporting Apply |
| | Fiscal Year New Application Reneval Application Amend Application Annual Reporting 2028 Open Date 8/18/2024 Open Date 8/18/2024 Open Date 8/13/2024 Due Date 9/30/2024 Due Date 9/30/2024 Due Date 9/30/2024 Due Date 9/30/2024 | |
| | Purpose The grant is to support the individual city who are working towards prevention of opioids. View Details | |

DIRECT DISTRIBUTION REPORT PROCESS

Completing this form is required at least once per year. It is always specific to a single City and County who could apply for an Individual Distribution Grant, a "Gold Standard" Incentive, or a Cooperative Partnership Grant.

The Direct Distribution Workbook helps the OAA accurately maintain the Locality Look-up Tool and is a requirement for participating in any of the following OAA programs:

- "Gold Standard" Incentive
- Individual Distribution Grants
- Cooperative Partnership Grants

This form must be filled out at least once per year and the one filing per city/county completes the requirement for all three programs listed above.

Below is a list of items to consider that will be necessary to complete the application.

- Direct Distribution funds received by fiscal year
- Expenditures of Direct Distribution funds that were used for OAA awarded projects
- Expenditures of Direct Distribution funds that were used for non-OAA projects
- A listing and general description of each non-OAA awarded project where Direct Distribution funds were used and the amount spent on that project.
- Amounts held in reserve

SELECT A DIRECT DISTRIBUTION INFORMATION:

In order to locate the Direct Distribution Workbook, you may wish to use the Search with Application Name feature in the upper right hand corner of the Grants Management tab to locate the Direct Distribution Information Grant Type or you can scroll down to the Direct Distribution Information. After selecting this the application will open .

| OPIOID ABATEMI GRANTS MANAGI | ENT AUTHORITY EMENT | Highland County 🗸 | JamesDEMO MooreDEMO |
|----------------------------------|---|-------------------|----------------------------|
| Dashboard Grants Management | Grants Management | lirect | 0 |
| Members Historical Downloads | City/County Direct Distribution Information - FY2025 Com | Complete | Direct Distribution Report |
| Stimated Funds Look-Up Tool | Fiscal Year 2025 Open Date 7/1/2024 Due Date 9/1/2025 Purpose The grant is to support the individual city who are working towards prevention of opioids. | | |
| | ♥ View Details ■ info@voaa.us | | |

DIRECT DISTRIBUTION INFORMATION INSTRUCTIONS:

Carefully review the Direct Distribution Instructions. Then select the "<u>Next</u>" button in the lower right hand corner to move to the next step.

| OPIOID ABATEMEN GRANTS MANAGEM | T AUTHORITY ENT | ighland County v | ● JamesDEMO MooreDEMO |
|--|---|-----------------------------|-----------------------|
| ← Back to dashboard City/County | Direct Distribution Information - FY2025 I Highland County-2025-DIRECT-New-000699 | | 1 Download Report |
| Instructions Contact Information Distribution Information Reference Information Submit | Description where the the the the the the the the the th | A programs: | Next |

DIRECT DISTRIBUTION INFORMATION CONTACT INFORMATION:

This step is where you must specify a Contact Person for this City or County. This is the contact information for the person who will complete the application process and provide the requested information on the following steps. You may add a new Contact Person by selecting the "<u>Invite New User</u>" option and providing their contact information so the system can send them an email to login to the portal or you may add any current contact related to your city or county by selecting the "<u>Add Existing</u> <u>Contact</u>" and then select the appropriate person's name to be the Fiscal Agent.

| OPIOID ABATEMENT A GRANTS MANAGEMEN | AUTHORITY YT | | | Highland County • | JamesDEMO MooreDEMO + |
|--|---|--|--------------|-------------------|-----------------------|
| Eack to dashboard City/County D | irect Distribution Information - FY2025 I Highland County-2025-DIRECT-New-000699 | | | | 2 Download Report |
| Instructions Contact Information Distribution Information Reference Information School | Contact Information Asterisk (*) indicates required field Name of City or County Highland County | Chy or County County | | | |
| | Address Information Physical Address Information | Dispited Stream Advance 9 | * City | | |
| | * Physical Steel Apriles 1 1223 test | Physical Street Address 2 | test | | |
| | *State Virginia | *Zp/Postal Code 65465 | U.S.A | | |
| | Mailing Address Information Same as Physical Address | | | | |
| | Mailing Street Address 1 1223 test | Mailing Street Address 2 | City test | | |
| | State Virginia | Zp:Postal Code 65465 | U.S.A | | |
| | Contact Person for this Application | | | | |
| | ① This should be someone who can answer programmatic and financial questions regarding the approximation of the source of the | pplication and does not have to be the signer of the application or the city/county executive. | | | |
| | *Do you want to add existing contact or want to invite new user? Add Existing Contact 📄 Invite New User | | | | |
| | Exit | | | Previous | Save & Next |

"Invite New User"

| Back to dashboard City/County D | Direct Distribution Information - FY2025 I Highland County-2025-DIF | ECT-New-000699 | | 🛓 Download Repo |
|---------------------------------|--|--|------------------------------|-----------------|
| | Name of Gity or County | City or County | | |
| Reference Information | Highland County | County | | |
| Submit | | | | |
| | Address Information | | | |
| | Physical Address Information | | | |
| | * Physical Street Address 1 | Physical Street Address 2 | *City | |
| | 1223 test | | test | |
| | State | *Zip/Postal Code | Country | |
| | Virginia | 65465 | U.S.A | |
| | Mailing Address Information | | | |
| | Same as Physical Address | | | |
| | Mailing Street Address 1 | Mailing Street Address 2 | City | |
| | 1223 test | | test | |
| | State | Zip/Postal Code | Country | |
| | Virginia | 65465 | U.S.A | |
| | Contact Person for this Application O This should be someone who can answer programmatic and for this should be someone who can answer programmatic and for the source ward to add existing contact or sent to imite new user? | inancial questions regarding the application and does not have to be the signer of the application | or the obylecumty executive. | |
| | Add Existing Contact () Invite New User | | | |
| | 'First Name | Middle Name | "Last Name | |
| | · lob Tite | Office Phone | Cell Phone | |
| | JUD TRIB | | Cell PHONE | |
| | Suffix | ' Email | | |
| | | | | |
| | | | | |
| | Exit | | Previous | Save & Next |

"Add Existing Contact"

| Back to dashboard City/County Submit | y Direct Distribution Information - FY2025 Highland County-2025-DIR | ECT-New-000699 | | | ± Download R |
|--------------------------------------|--|--|---------------------------------|----------|--------------|
| | Address Information | | | | |
| | Physical Address Information | | | | |
| | *Physical Street Address 1 | Physical Street Address 2 | ' City | | |
| | 1223 test | | test | | |
| | State | "ZiziPostal Code | * Country | | |
| | Virginia | 65465 | U.S.A | | |
| | Mailing Address Information | | | | |
| | | | | | |
| | Same as Physical Address | | | | |
| | Mailing Street Address 1 | Mailing Street Address 2 | City | | |
| | 1223 WSI | | 0151 | | |
| | State | Zip/Postal Code | Country | | |
| | Virginia | 65465 | U.S.A | | |
| | Contact Person for this Application O This should be someone who can answer programmatic and fit | nancial questions regarding the application and does not have to be the signer of the applicatio | n or the city/county executive. | | |
| | *Do you want to add existing contact or want to invite new user? Add Existing Contact I Invite New User | | | | |
| | "Name | | | | |
| | Select an Option | | | | * |
| | Complete this field. | | | | |
| | * Hist Name | Miccle Name | *Last Name | | |
| | | | | | |
| | "Job Title | Office Phone | Cell Phone | | |
| | | | | | |
| | Suffix | *Email | | | |
| | | | | | |
| | | | | | |
| | Exit | | | Previous | Save & Next |

After the required information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

DISTRIBUTION INFORMATIONS:

This is the step where you add Distribution Information.

You can specify Direct Distribution Information per Fiscal Year and allocate "<u>Amounts</u> <u>Expended towards OAA Projects</u>" and/or "<u>Amounts Expended towards Non-OAA</u> <u>Projects</u>" and/or "<u>Amounts Held in Reserve</u>". Use the checkbox next to the Fiscal Year you want to update and click the "<u>Edit</u>" button or use the "<u>Add New</u>" button to create a new row for a Fiscal Year, then enter the amounts. You could also use the "<u>Delete</u>" button to remove a row.

You can also specify Direct Distribution for Non-OAA Projects by editing the rows by checkbox next to the Project you want to update and click the "<u>Edit</u>" button or use the "<u>Add New</u>" button to create a new row for a Project, then enter the "<u>Amount</u> <u>Allocated/Spent</u>", "<u>Starting Date</u>" / "<u>Ending Date</u>" and a "<u>Brief Description of Project</u>" and also specify "<u>Does the project continue into the next year?</u>" by checking a box.. You could also use the "<u>Delete</u>" button to remove a row. Next answer the required questions. After the information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

| OPIOID ABATEMENT A GRANTS MANAGEMEN | AUTHORITY NT | | | | | Highland County • |
|---|---|---|--|---|---|--|
| ← Back to dashboard City/County D | Direct Distribution Information - FY2025 I Highland Co | unty-2025-DIRECT-New-000699 | | | | ± Download Repo |
| Instructions Contact Information Contact Information Distribution Information Reference Information Submit | Distribution Information O Project Overview should include all Non-QAA p Anteriak (*) Indicates required field Direct Distribution Information | rojects that Direct Distribution is being used to | varda. | | | ✓ EX 2 March → Add Name |
| | Fiscal Year | Received Amount | E | pended towards OAA Projects | Expended towards Non-OAA Projects | Amounts Held in Reserve |
| | 2025 | \$2,304.56 | \$ | .000.00 | \$300.00 | \$4.56 |
| | Total | \$2,304.56 | 8 | .000.00 | \$300.00 | \$4.56 |
| | Direct Distribution -Non OAA Project(s) C | verview | | | | 🖌 Edit 🚺 Deleter + Add Vervi |
| | Net | \$300.00 | 8/1/2024 | 8/6/2024 | uner Description of Project | Does this project continue into the next year? |
| | Total | \$300.00 | | | | |
| | By you are using Direct Distribution hands for N "Does the dby or county intend to reserve any portion of th * the ho ho "I" yes, the dby or county must (1) ensure those future prof herethee program, the reserved funds may only be used in Exit | In OAA projects, please describe the project(s) direct distributions from FY2023. FY2024, and/or F acts meet the terms of the settlement(s), (2) separate accordance with the "Gold Standard" as described | before. If you do not have any Non OA Y2025 for future year abatement efforts' ally account for the direct distribution, the ally account for the direct distribution, the OAAs Incentive Prolocy. Utilize the | projects, this table can be skipped projects, this table can be skipped OAA distribution, and the reserved an epace below to describe the methodol | (plack "Add New" to view and begin) (plack "Add New" to view and begin) out (3) publicly publich he projected francial strategy for the publicly posted. | reserve fund, and (4) If the only or country is participating in the OAA's "Gold Standard" |

"Add New" Direct Distribution - Add Budget example:

| Distrib | ution Information | | | | | | |
|--|---|--|---|---|--|--|---------------|
| Project | Overview should include all Non-OAA projects the | at Direct Distribution | n is being used towards. | | | | |
| Asterisk (*) ind | licates required field | | | | | | |
| Direct Distr | ibution Information | | | | | 🖉 Edit | + Add New |
| | Fiscal Year | Receiv | Direct Distribution - Add Budg | et | X Expended Iowards Non-DAA Pr | ojects Amounts Held in Reserve | |
| | 2025 | \$2,304 | Asterisk (*) indicates required field | | \$300.00 | \$4.56 | |
| | Total | \$2,304 | *Fiscal Year | *Received Amount | \$300.00 | \$4.56 | |
| | | | Select Fiscal Year 👻 | | | | |
| Direct Distr | ibution -Non OAA Project(s) Overview | | *Expended towards OAA Projects | *Expended towards Non-OAA Projects | | Edit Dolete | + Add New |
| | Name of Project | Amount Allocated | *Amounts Held in Reserve | | cription of Project | Does this project continue into the next year? | |
| | test | \$300.00 | | | | | |
| | Total | \$300.00 | | | | | |
| | | | | Cancel Se | we | | |
| If you a | re using Direct Distribution funds for Non-OAA pro | ojects, please descr | ibe the project(s) below. If you do not have any Non- | OAA projects, this table can be skipped. (click | "Add New" to view and begin) | | |
| "Does the city of | r county intend to reserve any portion of its direct distr | ibutions from FY2023 | 3, FY2024, and/or FY2025 for future year abatement effo | irts? | | | |
| • Yes No | | | | | | | |
| * If yes, the city Incentive progra | or county must (1) ensure those future projects meet th m, the reserved funds may only be used in accordance | e terms of the settler e with the "Gold Stand | ment(s), (2) separately account for the direct distribution, dard" as described in the OAA's Incentive Policy. Utilize | the OAA distribution, and the reserved amount (3 the space below to describe the methodology for the | publicly publish the projected financial strateg reserve and how this will be publicly posted | y for this reserve fund, and (4) if the city or county is participating in the OAA's "Go | old Standard* |
| | | | | | | | |
| | | | | | | | |
| Exit | | | | | | Previous Save & Ne | xt |

You can select the Fiscal Year from the dropdown menu and you can enter Amounts for each type, and then click the "Save" button.

The process is the same for OAA Direct Distribution and Non OAA Projects.

Note: There is a system check that the "Total of Expended towards Non-OAA Projects should be matching with Total of Amount Allocated/Spent". If you get this message please verify your entries.

After the required information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

REFERENCE INFORMATION:

This is the step where you add any optional Reference Information by providing a Web Link or File Upload After answering the questions please provide a Weblink or File Upload for the "Yes" answers. The allowed formats for file uploads are .docx, .png, .jpg, .jpeg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 25mb..

| OPIOID ABATEMEN GRANTS MANAGEM | OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | | | | |
|--------------------------------------|---|------------------------------|-------------------------|--|--|
| Back to dashboard City/County | Direct Distribution Information - FY2025 I Highland County-2025-DIRECT-New-000699 | | ± Download Report | | |
| Instructions Contact Information | Reference Information | | | | |
| Distribution Information | Asterisk (*) indicates required field | | | | |
| Reference Information | ① Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .png, .jpg, .jpg, .jpg, .glf, .txt, .xts, .glf, .txt, .txt | .xlsx, .xps and file size sh | ould be less than 25mb. | | |
| Submit | Optional Supporting Document | | | | |
| | Exit | Previous | Save & Next | | |

Weblink Example:

| OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | Highland County 🗸 | JamesDEMO MooreDEMO + |
|--|---|----------------------------|-------------------------|
| ← Back to dashboard City/County I | Direct Distribution Information - FY2025 I Highland County-2025-DIRECT-New-000699 | | 1 Download Report |
| Instructions Contact Information Distribution Information Reference Information Submit | Reference Information Asterisk (') indicates required field Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .pngjpgjpgglf, .pdf, .txt, .xls, .x Optional Supporting Document | lsx, .xps and file size sh | ould be less than 25mb. |
| | (a) Yes No "Do you have a weblink or do you want to upload a file? (b) Weblink File Upload "Weblink thtp://www.nih.gov | Previous | Save & Next |

File Upload Example:

| OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | | | | Highland County - | ● JamesDEMO MooreDEMO + |
|--|--|------------------------------------|--|--|------------------------------|-------------------------|
| Gack to dashboard City/County E | Direct Distribution Information - FY2025 I Highland | County-2025-DIRECT-New-000 | 399 | | | 👲 Download Repor |
| Instructions Contact Information Distribution Information Reference Information Submit | Reference Information Asterisk (*) Indicates required field Answer the questions below and provide Cotional Supporting Document | supporting information as prompted | . The allowed formats for file uploads are .docx | . png. įpg. jpg. gif. pdf. txt. xte. x | lisx, .xps and file size sh | ould be less than 25mb. |
| | Ves No Do you have a weblink or do you want to upload a fi Weblink © File Upload Upload File Lypload File Cr drop files Exit | Grant Descriptions.docx | 1 of 1 file upbashed Done | | Previous | Save & Next |

SUBMIT:

This page is where you can make the submission of your Direct Distribution Information Report. Note: You can use the "Download Report" link in the upper right hand corner of the page to retain a copy of your submission.

When you answer the questions (checkbox) then click the "Submit" button.

| OPIOID ABATEMENT GRANTS MANAGEME | OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | | | | | |
|---|---|-------------------------------------|---------------------------------------|--|--|--|
| ← Back to dashboard City/County | Eack to dashboard City/County Direct Distribution Information - FY2025 I Highland County-2025-DIRECT-New-000699 | | | | | |
| Instructions Contact Information Distribution Information | Submit Submit section must be completed by the person designated with signatory authority for the city or county. Asterisk (*) indicates required field | | | | | |
| Reference Information Submit | Please click on Download Application button on top to download a copy of the application as a PDF file | | | | | |
| | * 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 Exit | will follow the OAA's esta Previous | blished terms & conditions. Submit | | | |

After the "Submit" button was pressed this page will be displayed as shown below:

| | OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | Highland County - | JamesDEMO MooreDEMO 🔻 |
|---|--|------------------------------|-----------------------|
| Γ | Application Submitted Successfully Thank you for submitting your application! Your application has been received and is currently being processed. We appreciate your interest and will carefully review the information you have prov | vided. | |
| | Application Name: Highland County-2025-DIRECT-New-000699 | | |
| | Next Steps • Please keep this Application Name for your records, as it will be used for any future correspondence regarding your application. • Our team is dedicated to ensuring a thorough and fair review of all applications. You will be notified of the cutoome as soon as the review process is complete. • If you have any inquiries or need further assistance, please feel free to contact our support team at info®voa.us. | | |
| | ± Download Report ← Back to Dashboard | | |
| | | | |
| | | | |

This allows you to click a button to "Download Report" as a PDF for your records.

"GOLD STANDARD" INCENTIVE APPLICATION PROCESS

The Board of Directors (Board) of the Opioid Abatement Authority (OAA) is statutorily required to allocate a specific portion of the Opioid Abatement Fund (Fund) to each participating city and county (see Virginia Code § 2.2-2374(D)(2)). For purposes of this policy, this allocation will be referred to as the "OAA Distribution".

In turn, each participating city and county has statutory obligations attached to the receipt of OAA Distributions (see Virginia Code § 2.2-2370(A)). These obligations are summarized below. For purposes of this policy these statutory obligations will be referred to collectively as the OAA "Gold Standard".

- Participating cities and counties will only utilize OAA Distributions to fund efforts designed to treat, prevent, or reduce opioid use disorder or the misuse of opioids through evidence-based or evidence-informed methods, programs, or strategies
- Participating cities and counties shall not supplant funding of an existing program nor collect indirect costs
- Participating cities and counties shall provide the Authority with information on implementation of said methods, programs, or strategies and allow such monitoring and review as may be required by the Authority.
- Participating cities and counties must agree to certain base terms and conditions established by the OAA Board of Directors before receiving and OAA Distributions.

In addition to receiving the OAA Distribution, each participating city and county will also receive distributions directly from the settling companies. For purposes of this policy, this allocation will be referred to as the "Direct Distribution".

The use and reporting requirements of the Direct Distribution are outlined in the nationally-negotiated settlement agreements and not through State statute. These use and reporting requirements are not as stringent nor as clear as the OAA's Gold Standard, and in fact the OAA Gold Standard will always meet or exceed the requirements of the settlement agreements.

To encourage participating cities and counties to use all of the Direct Distribution funds fully for remediation and abatement, and to encourage participating cities and counties to report the use of their Direct Distribution funds to the OAA for the purpose of ensuring statewide adherence to the various settlement agreements, the Board hereby offers a voluntary financial incentive to each participating city and county. For each fiscal year that a participating city or county agrees to use and report their Direct Distribution funds according to the same standards they are required to use and report their OAA Distribution funds (i.e., the Gold Standard), the Board agrees to increase that city or county's OAA Distribution by 25% above the base amount for that same fiscal year.

As noted above, each year that a city or county applies for any OAA Distribution, it must first agree to a set of base terms and conditions set by the OAA Board. In addition to those base terms and conditions, there will also be an additional set of extra terms and conditions that only apply to specify the requirements for participation in the incentive. In short, each city or county will communicate its decision as to whether it will participate in the incentive by completing and submitting this additional set of terms and conditions.

SELECT THE "GOLD STANDARD" INCENTIVE:

In order to locate the "Gold Standard" Incentive, you may wish to use the Search with Application Name feature in the upper right hand corner of the Grants Management tab to locate the "Gold Standard" Incentive Application Type or you can scroll down to the "Gold Standard" Incentive Information. After selecting this the application will open.

| OPIOID ABATEM GRANTS MANAG | NT AUTHORITY MENT | | | Highland County - | ● JamesDEMO MooreDEMO ▼ |
|-----------------------------------|---|--|--------|------------------------------|-------------------------|
| Dashboard | Grants Management | | ् gold | | 0 |
| Grants Management | | | | | |
| Historical Downloads | OAA Gold Standard Incentive Open | | | | Apply |
| S Estimated Funds Look-Up Tool | Fiscal Year New Application Renewal Applic 2025 | tion Amend Application | | | |
| COOP Partner Dashboard | Open Date 8/21/2024 Open Date 8/1 Due Date 10/1/2024 Due Date 8/3 | vizzu24 Open Date s/1/x/2024 1/2024 Due Date 8/31/2024 | | | |
| | Purpose The grant is to support the individual city who are working towards p View Details | evention of opioids. | | | |
| | Info@voaa.us | | | | |

If you have already opted into the "Gold Standard" Incentive you will receive the following error message:

| OPIOID ABATEM GRANTS MANAG | ENT AUTHORIT' EMENT | Y | | Ø En Hiç | or phland County ha | as already opted | for Gold Standard and does not need to apply again. | 4 | Highland County - | ● JamesDEMO MooreDEMO ▼ |
|---|---------------------------------------|-------------------------------------|----------------------------------|------------------------------------|--------------------------------------|-----------------------------------|---|--------|-------------------|-------------------------|
| Dashboard Grants Management | Grants | Manager | ment | | | | | ୍ gold | | 0 |
| Members Historical Downloads | OAA Gold | I Standard Ince | entive op | 2011 | | | | | | Арріу |
| Estimated Funds Look-Up Tool COOP Partner Dashboard | Fiscal Year 2025 | New Applic Open Date Due Date | eation 8/21/2024 10/1/2024 | Renewal A Open Date Due Date | pplication 8/13/2024 8/31/2024 | Amend An Open Date Due Date | pplication 8/13/2024 8/31/2024 | | | |
| | Purpose The grant is t View Det | to support the indivi ails | idual city who | are working towa | rds prevention o | f opioids. | | | | |
| | 🖬 info@voa | aa.us | | | | | | | | |

"Gold Standard" Incentive Instructions:

Carefully review the "Gold Standard" Incentive Instructions. Then select the "<u>Next</u>" button in the lower right hand corner to move to the next step.



"Gold Standard" Incentive Contact Information:

This step is where you must specify a Contact Person for this City or County. This is the contact information for the person who will complete the application process and provide the requested information on the following steps. You may add a new Contact Person by selecting the "<u>Invite New User</u>" option and providing their contact information so the system can send them an email to login to the portal or you may add any current contact related to your city or county by selecting the "<u>Add Existing Contact</u>" and then select the appropriate person's name to be the Fiscal Agent.

| OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY INT | | Bath County + (JamesDEMO MooreDEMO + |
|---|---|---|---------------------------------------|
| Back to dashboard OAA Gold Sta | andard Incentive I Bath County-2025-GOLD-New-000700 | | ± Download Application |
| Instructions Contact Information Contact Information Agreements Reference Information Signature | Contact Information Auter(1) Indicates registed field Name of Oly or County Bath County | City or County County | |
| | Address Information | | |
| | Physical Address Information Physical Street Address 1 | Physical Street Address 2 | *Chy |
| | Errer: Company the Faid. | | Error: Complete this field. |
| | * State | *Zip/Postal Code | *Country |
| | Virginia | Error: Complete this field | USA |
| | Mailing Address Information | | |
| | Same as Physical Address | | |
| | *Mailing Street Address 1 | Mailing Street Address 2 | 'City |
| | Error: Complete this field. | | Error: Domplete this field. |
| | *State Virginia | * Zip/Postal Code | Country U.S.A |
| | | Error: Complete this field | |
| | Contact Person for this Application | | |
| | ① This should be someone who can answer programmatic and financial questions regarding the | application and does not have to be the signer of the application or the city/county executive. | |
| | *Do you want to add existing contact or want to invite new user? Add Existing Contact i Invite New User | | |
| | Exit | | Previous Save & Next |

"Invite New User" option:

| GRANTS MANAGER | NT AUTHORITY MENT | | Bath County • |
|----------------------------|--|--|---------------------------------|
| Back to dashboard OAA Gold | Standard Incentive I Bath County-2025-GOLD-New-000700 | | ± Download Applic |
| | Name of City or County | City or County | |
| Reference Information | Bath County | County | |
| | | | |
| Signature | | | |
| | Address Information | | |
| | Dissultant Address Information | | |
| | Physical Address Information | | |
| | * Physical Street Address 1 | Physical Street Address 2 | *City |
| | 123 Test St | | Test City |
| | | | |
| | State | -ZpProstal Code | Country |
| | Virginia | 23456 | U.S.A |
| | Mailing Address Information | | |
| | Naming Marcus Information | | |
| | Same as Physical Address | | |
| | Mailing Street Address 1 | Mailing Street Address 2 | City |
| | 123 Test St | | Test City |
| | | | |
| | State | Zip/Postal Code | Country |
| | Virginia | 23456 | U.S.A |
| | | | |
| | | | |
| | Contact Person for this Application | | |
| | ③ This should be someone who can answer programmatic and f | inancial questions regarding the application and does not have to be the signer of the application | n or the city/county executive. |
| | | | |
| | *Do you want to add existing contact or want to invite new user? | | |
| | Add Existing Contact Invite New User | | |
| | * First Name | Middle Name | *Last Name |
| | | | |
| | | | |
| | *Job Title | Office Phone | Cell Phone |
| | | | |
| | Suffix | ' Email | |
| | | Report Appen | |
| | | | |
| | | | |
| | Ends. | | Providence |
| | EXIT | | Previous Save & Next |

"Add Existing Contact" option:

| OPIOID ABATEMENT, GRANTS MANAGEME | AUTHORITY NT | | Bath County • 📦 JamesDEMO MooreDEMO • |
|--------------------------------------|---|---|---------------------------------------|
| Back to dashboard OAA Gold Sta | andard Incentive I Bath County-2025-GOLD-New-000700 | | ± Download Application |
| 0 0,000 | Address Information | | |
| | Physical Address Information | | |
| | * Physical Street Address 1 | Physical Street Address 2 | *City |
| | 123 Test St | | Test City |
| | ' State | *Zin/Postal Code | Country |
| | Virginia | 23456 | U.S.A |
| | | | |
| | Mailing Address Information | | |
| | Same as Physical Address | | |
| | Mailing Street Address 1 | Mailing Street Address 2 | City |
| | 123 Test St | | Test City |
| | State | Zio/Postal Code | Country |
| | Virginia | 23456 | U.S.A |
| | Contact Person for this Application ③ This should be someone who can answer programmatic and financial questions regarding th | e application and does not have to be the signer of the application or the city/county executive. | |
| | "Do you want to add existing contact or want to invite new user? @ Add Existing Contact Invite New User "Name | | |
| | Select an Option | | * |
| | · Eirst Nama | Midda Nama | 1 art Nama |
| | | | |
| | | | |
| | *Job Title | Office Phone | Cell Phone |
| | | | |
| | Suffix | *Email | |
| | | | |
| | | | |
| | Exit | | Previous Save & Next |

After the required information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

| "GOLD STANDARD | "INCENTIVE AGREEMENTS: |
|-----------------------|------------------------|
|-----------------------|------------------------|

This is the step you acknowledge the items listed by checking the "<u>I agree</u>" checkbox.

| Ļ | OPIOID BASTEMENT AUTHORITY Being GRAYTS MANAGEMENT Being | | | | | | |
|--|--|---|---|---------------------------------------|-------------|--|--|
| + Back to deabloard OAA Gold Standard Incentive I Bath County-2025-GOLD-New-000700 | | | | | | | |
| 0 | Instructions | | | | | | |
| 0 | Contact Information | | Agreements | | | | |
| 0 | Agreements | | Asteriak (*) indicates required field | | | | |
| 0 | Reference Information | n | The governing body of the city or county samed in this application is applying to the QAA to be designated as an QAA 'Gold Standard' City or County QAA 'Gold Standard' City and Counties and Counties are eligible to receive an incentive that increases the city or county's QAA individual Distribution by 25' available. To quality, the city or county agrees to the terms and conditions set from for the QAA individual Distributions to Cities and Counties are well as the following requirements: | | | | |
| Ò | Signature | | a. The city or county will create and maintain separate accounting records for funds received from the OAA Individual Distribution and from Direct Distribution from the settlement administrators in accordance with relevant guidance published by the Auditor | of Public Accounts. | | | |
| | | | b. The city or county voluntarily agrees to apply the requirements of Code of Virginia § 2-2370 (A) to its Direct Distributions. These set of requirements are known as the "Gold Standard." These requirements include no indirect costs, no supplanting, and fu | unds must be used 100% for abatement. | | | |
| | | | c. The city or county agrees to complete and submit the Direct Distribution Reporting Workbook with this application. | | | | |
| | | | · 1 Agree | | | | |
| | | | 6at | Previous | Save & Next | | |

Next answer the required questions. After the Agreement is completed,, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

Your selected Contact will receive a confirmation email for E-Signature. The email will resemble the one displayed below:

| [External Message] S IDIC-New-000692" 1 message | ignature requested on "VA OAA - Gold Agre | ement Clarke County-2025- |
|---|---|------------------------------|
| Opioid Abatement Authority v Reply-To: Opioid Abatement Aut To: "jame of the statement Authority of | r ia Adobe Acrobat Sign <adobesign@adobesign.com> thority <cmoisan@voaa.us> thority jaman managed thelg@attab2h_gom></cmoisan@voaa.us></adobesign@adobesign.com> | Thu, Sep 12, 2024 at 7:50 AM |
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| VAC | DAA - Gold Agreement Clarke County- New-000692 | 2025-IDIC- |
| | Review and sign | |
| Dear Ru You hav docume | usty Grisworld, re received a Gold Agreement for E-Signature. Please review and entation. If you have any questions, please contact info@voaa.us | d sign the required |
| After yo parties v | u sign VA OAA - Gold Agreement Clarke County-2025-IDIC-No will receive a final PDF copy. | ew-000692, all |
| Don't fo | orward this email: If you don't want to sign, you can delegate to | someone else. |
| | Adobe Acrobat Sign | |
| By proceed signatures. | ding, you agree that this agreement may be signed using electror | nic or handwritten |
| To ensure t address bo | that you continue receiving our emails, please add adobesign@a ook or safe list. | adobesign.com to your |
| © 2024 Ad | obe. All rights reserved. | |

You will need to click the "Review and sign" button in order to provide the E-Signature after you select the button another browser window or tab will appear that will look like the image below:



You will need to click the "<u>Continue</u>" button to complete the te E-Signature process:

The following page will be displayed, you will want to review the information and the click the "<u>Start</u>" button:



Language English: US

Then the page will scroll to where you need to sign as pictured below:



You will then click the "Click here to sign" field to get the signature pop-up displayed here:

| Adobe Acrobat Sign | | | 0 - |
|------------------------|---------------------------|---|--------------------------------|
| Options 🗸 | VA | Type Draw Image Mobile | Dext required field |
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| | Email: james | inoore+uatoemo@mtxb2b.com | |
| | Virginia Opioid Page 2 | Abatement Authority | |
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| Language English: US V | | | |

Enter your signature and then click the "Apply" button.



Finally, click the "Click to Sign" button to complete the E-Signature. You will receive an email confirmation and you have the opportunity to download a PDF copy. Sample E-Signature Completed Email:

[External Message] You signed: "VA OAA - Intake Application Bath County-2025-GOLD-New-000700"

1 message



"GOLD STANDARD" INCENTIVE REFERENCE INFORMATION:

This is the step where you add any optional Reference Information by providing a Web Link or File Upload After answering the questions please provide a Weblink or File Upload for the "Yes" answers. The allowed formats for file uploads are .docx, .png, .jpg, .jpeg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 25mb..

| 6 | OPIOID ABATEMENT . GRANTS MANAGEME | WITHORITY YT | Bath County 🗸 | JamesDEMO MooreDEMO • |
|---------|---|--|---------------|------------------------|
| (B | OAA Gold Sta | ndard Incentive I Bath County-2025-GOLD-New-000700 | | 1 Download Application |
| 0-0-0-0 | nstructions Contact Information Agreements Reference Information | Reference Information Asteria: (*) industas required field | | |
| 0 5 | Sgnature | To provement to submit any decomentation related to the Gold Standard (Optional)? Yee No Esit Previous | | Save & Next |

Weblink Example:

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|---|--|---------------|---|
| Back to dashboard OAA Gold Star | dard Incentive I Bath County-2025-GOLD-New-900700 | | Download Application |
| Instructions Contact Information Agreements | Reference Information Asterial (1) Indicates required field | | |
| Reference Information Signature | Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are docx, png. jpg. jpg. jpg. jpg. jpg. jpg. jpg. jp | | |
| | *Do you want lo submit any documentation related to the Gold Standard (Optional)? @ Yes :: No *Do you have a weakfork of you want lo upload a tile? @ Weblerk : File Upload | | |
| | "Wedink http://ww.nh.gov | | |
| | Eat | Previous | Save & Next |

File Upload Example:

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|---|--|-------------------------------------|
| + Back to deshboard OAA Gold S | andard Incentive I Bath County-2025-GOLD-New-000700 | ± Download Application |
| Instructions Contact Information Agreements Signature | Reference Information Astrink (') indicates required field Astrink (') indicates required field Astrink (o) and used in provide supporting information as prompted. The altered formats for file uptoets are decx, prog. jpg. jprg. glf, pdf. tht, sle, atex, aps and file size should be less than 25mb. To pus want to submit any documentation related to the Gold Bandard Optional? To pus want to submit any documentation related to the Gold Bandard Optional? To pus three a weblick of do pus used to submit any documentation related to the Gold Bandard Optional? To pus three a weblick of do pus used to submit any documentation related to the Gold Bandard Optional? To pus three a weblick of do pus used to submit any documentation related to the Gold Bandard Optional? To pus three a weblick of do pus used to submit any documentation related to the Gold Bandard Optional? To pus three a weblick of do pus used to submit any documentation related to the Gold Bandard Optional? To pus three a weblick of the pus three documentation related to the Gold Bandard Optional? To pus three a weblick of the pus three documentation related to the Gold Bandard Optional? To pus three a weblick of the pus three documentation related to the Gold Bandard Optional? To pus three a weblick of the pus three documentation related to the Gold Bandard Optional? To public three a file (public to the Gold Bandard Optional?) To public three a file (public to the Gold Bandard Optional? To public three a file (public to the Gold Bandard Optional?) To public three a file (public to the Gold Bandard Optional? To public three a file (public to the Gold Bandard Optional?) To public three a file (public to the Gold Bandard Optional?) To public three a file (public to the Gold Bandard Optional?) To public three a file (public to the Gold Bandard Optional?) To public three a file (public to the Gold Bandard Optional?) | |
| | © Upload Files X East Oran Deception docx Previous 1 of the eases Down | Save & Next |

"GOLD STANDARD" INCENTIVE SIGNATURE:

This page is where you can make the submission of your "Gold Standard" Incentive application. Note: You can use the "Download Report" link in the upper right hand corner of the page to retain a copy of your submission.

When you answer the questions (checkbox and then selecting an Authorized contact) then click the "Submit" button.

| ĺ, | OPIOID ABATEMEN GRANTS MANAGEN | IT AUTHORITY AENT Highland County • • JamesDEMO MooreDEMO • |
|----|-----------------------------------|---|
| • | Back to dashboard City/Count | y Direct Distribution Information - FY2025 I Highland County-2025-DIRECT-New-000699 |
| 0 | Instructions | |
| 0 | Contact Information | Submit Submit section must be completed by the person designated with signatory authority for the city or county. |
| 0 | Distribution Information | Asterisk (') indicates required field |
| 0 | Reference Information | Please click on Download Application button on top to download a copy of the application as a PDF file |
| 0 | Submit | * 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. |
| | | Exit Previous Submit |

To specify an Authorized Official for the E-Signature use either the Invite New User selection or the Add Existing Contact selection. Then provide the requested information.

"Invite New User" option:

| OPIOID ABATEMENT A GRANTS MANAGEMEN | GRANTS MANAGEMENT | | | | |
|---|---|---|-------------------------------------|--|--|
| Back to dashboard OAA Gold Star | Ellist to dashbare OAA Gold Standard Incentive I Bath County-2025-GOLD-New-000700 | | | | |
| Instructions Contact Information Agreements Reference Information Signature | Signature Signer nut te dry county executive or designes. Once the application has been e-signed, the user will need te Anteniak (*) indicates required field © Please click on Download Application button on top to download a copy of the application as a | o return to the page to submit the application. | | | |
| • oginaare | * I sear or aftern that all information contained in and attached to this application is true to the best of my k () Please enter Authoritzed Official (shify/county executive or designee) details and click on "Send T *Do you want to add existing contact or want to have user? | ondion. | | | |
| | Add basing Contact () Invite New User +First Name | Mode Name Office Phone | 'Las Nane Cel Prote | | |
| | Suffix Exit | 'Enal | Previous Send for E-Sign and Submit | | |

"Add Existing Contact" option:

| OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | | | Bath County • JamesDEMO MocreDEMO • |
|---|--|---|--|-------------------------------------|
| Back to dashboard OAA Gold Sta | Indard Incentive I Bath County-2025-GOLD-New-000700 | | | ± Download Application |
| Instructions Contact Information Agreements Reference Information Signature | Signature Sporr must be ofly county executive or designes. Once the application has been is signed, the Asteriak (*) indicates required field O Please citak on Dominicad Application button on top to dominicad a copy of the a | user will need to return to this page to submit the application. | | |
| | These or affirm that all information contained in and attached to this application is true to Please enter Authorized Official (cithylocumty executive or designee) details and or "Do you want to add existing contact or want to invite new user? @add Examp Contactinvel te work to invite new user? "Search for Authorized Menther Contact | the best of my knowledge and that I agree that any awards resulting fro fick on "Send for E-Sign and Submit" button. They should neceive a | n this application will follow the OAA's established terms & conditions. In email for E- Signature to complete the intake submission. | |
| | Select an Opion "Finst Name "Jub Title | Middle Name Office Phone | Last Name Cell Phone Cell Phone | • |
| | Suffix Exit | 'Emai | | Previous Send for E-Sign and Submit |

After the "Send for E-Sign and Submit" button was pressed this page will be displayed as shown below:

| OPIOID ABATEMEN GRANTS MANAGEM | | | | |
|---|--|--|--|-------------------------------------|
| + Back to dashboard OAA Gold S | Standard Incentive I Bath County-2025-GOLD-New-000700 | | | * Download Application |
| Instructions Contact Information Agreements Reference Information Bigrature | Signature User mark bit hijf standy security or designer. Does the application to Attrick (*) indicates required field Places click on Dominal Application botton on top to down *********************************** | e been a signed, the user will need to return to this page to solitif the application. and a page of the application as a PDF file. application is that to the best of my knowledge and that) agree that any avecto resulting from this application will follow the OAA's a lignery details and click on "Send for E-Sign and Submit" botton. They should receive an email for E-Signature to complete | salabinad serve & constores. Na inteles submession. | |
| | * Search for Authorized Member Contact JamesDEMO VictorDEMO MooreDEMO SuffixDEMO | Send Application for E-Signature and Submit | | * |
| | *First Name | Are you sure you want to send application for E-Signature and Submit? | "Last Name | |
| | JamesDEMO | No Yes | MooreDEMO | |
| | *Job Title | | Cell Phone | |
| | | | | |
| | Suffix | "Email | | |
| | | | | |
| | Eat | | | Previous Send for E-Sign and Submit |

Pressing "No" will return you back to the incomplete "Gold Standard" Incentive Application and pressing "Yes" will send the "Gold Standard" Incentive Application to the contact you specified for E- Signature.

This is the page you will be presented with when that step is completed:

| OPIOID ABATEMENT AUTHORITY GRAYTS MANAGEMENT | Bath County + | JamesDEMO MooreDEMO |
|--|---------------|---------------------|
| \oslash Application is Ready for E-Sign | | |
| Thank you for submitting your application has been received and is currently being processed. We appreciate your interest and will candular review the information you have provided. | | |
| Application Name: Bath County-2025-GOLD-New-000700 | | |
| Next Steps | | |
| Please make sure to get the Authorized Official complete their e-signature on application via the email received to complete the Hale submission. Please heave this Application Name for your records, as it will be used for any future compensationers regarding your application. Our team is dedicated to ensuring a Horough and the review of all applications. You will be notified of the Justice as soon as the review process is complete. If you have any inquiries or need further auxidance, please field the to chatch our any toth the complete main info@Viewa.us. | | |
| Download Application Gack to Dashboard | | |
| | | |
| | | |
| | | |

This allows you to click a button to "Download Report" as a PDF for your records.

You will receive another Gold Standard Incentive E-Signature email for Submit. The email will resemble this:

| Opioid Abatement Authority via Adol to james.moore+uatdemo@mtxb2b.com 🝷 | e Acrobat Sign <adobesign@adobesign.com></adobesign@adobesign.com> | 3:33 PM (2 minutes ago) | ☆ | ¢ |
|--|--|-------------------------|---|---|
| | Adobe Acrobat Sign | | | |
| | Opioid Abatement Authority requests your signature on VA OAA - Intake Application York County-2025- GOLD-New-000702 | | | |
| | Review and sign | | | |
| | Dear JamesDEMO MooreDEMO, | | | |
| | You have received a document for York County-2025-GOLD-New- 000702 for null for E-Signature. Please review and sign the required documentation. If you have any questions, please contact info@voaa.us. | | | |
| | After you sign VA OAA - Intake Application York County-2025-GOLD-New-000702, all parties will receive a final PDF copy. | | | |
| | Don't forward this email: If you don't want to sign, you can delegate to someone else. | | | |
| | Adobe Acrobat Sign | | | |
| | By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures. | | | |
| | To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list. | | | |
| | © 2024 Adobe. All rights reserved. | | | |

Clicking the Review and sign" button on the email will open this page for the "Gold Standard" Incentive Application Submittal Signature:



You will need to click the "Continue" button to review the document and the begin the E-Signature process:





Then you will need to click the "Start" button at the bottom of screen:

From here you will click the Signature field where it says "Click here to sign" and the following page will appear:



Complete your E-Signature and click the "Apply" button so you can view your signature populated on the document:

| Adobe Acrobat Sign | | ? - |
|--------------------|---|-------------------------------|
| Options 🗸 | VA OAA - Intake Application York County-2025-GOLD-New-000702 | 🦻 Required fields completed 🥥 |
| | published by the Auditor of Public Accounts. b. The city or county voluntarily agrees to apply the requirements of Code of Virginia § 2.2-2370 (A) to its Direct Distributions. These set of requirements are known as the "Gold Standard." These requirements include no indirect costs, no supplanting, and funds must be used 100% for abatement. | |
| | c. The city of county agrees to complete and submit the Direct Distribution Reporting Workbook with this application. 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 and conditions." | |
| | Authorized Person Name | |
| | JamesDEMO VictorDEMO Job Inte Email | |
| | MooreDEMO SuffixDEM Click to change | |
| | | |
| | Signature: Legt | |
| | Fmail: iames.moore+uatdemo@mtxb2b.com | |
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| | Vieninia Chinid Abatamant Authority | |
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| | 89 | |
| | By signing, I agree to this document, the <u>Consumer Disclosure</u> and to utilize electronic Click to Sign | |
| | signatures. | |

Click on the "Click to Sign" button to complete the process. This page will be displayed and you will receive an email confirmation:

| Adobe Acrobat | Sign in |
|--|--|
| ✓ </th <th><section-header><text><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></text></section-header></th> | <section-header><text><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></text></section-header> |
| Copyright 6 | 2024 Adobe. All rights reserved. / Privacy / Terms of Use / Cookie preferences / Do Not Sell Or Share My Personal Information |

There is no need to sign in to Adobe or to create an account. You can click the "Download" button to get a copy of the document as a PDF or you can find the copy attached to the confirmation email.

INDIVIDUAL GRANT APPLICATION PROCESS

The Individual Grant is specific to a single City and County who applies for an Individual Grant Application. If your City or County are listed in many Individual Grants, you may wish to use the Search with Application Name feature in the upper right hand corner. The table displaying the results will only display matching application names if that feature is used, otherwise all Individual Grant Applications with your Locality as a will be displayed.

SELECT AN INDIVIDUAL GRANT:

The Individual Grant must be in a period where it is available for application, amendment, or renewal. This is indicated by the dates displayed on the Grant Dashboard for New, Renewal and Amend Applications.

| OPIOID ABATEMI GRANTS MANAGI | ENT AUTHORITY EMENT | Highland County |
|--|--|--|
| Dashboard Grants Management | Grants Management | . Search Grants |
| Members Historical Downloads | OAA Individual City/County Distribution Grant - 2025 Open | Start Annual Reporting Apply |
| Estimated Funds Look-Up Tool COOP Partner Dashboard | Flocal Year New Application Renewal Application Amend Application Annual Reporting 2025 Open Date 8/1/2024 Open Date 7/29/2024 Open Date 7/28/2024 Due Date 9/30/2024 Due Date 1/0/2024 Open 10/2024 Due Date 1/1/2024 | |
| | Purpose The Virginia Opioid Abatement Authority's (OAA's) Individual Distribution and "Gold Standard" Incentive grant awards for cities and counties come from the Opioid Abatement Fund, applying for awards for Individual Distribution and "Gold Standard" Incentive projects from the OAA in compliance with the national settlement agreements, Commonwealth's memo | The contents of this application are for cities and counties randum of understanding (MOU), and Code of Virginia. |
| | ≅ info®voasus | ≛ Download Terms & Conditions |
| | OAA Individual City/County Distribution Grant - 2026 Open | Start Annual Reporting Apply |
| | Fiscal Year New Application Renewal Application Annual Reporting 2026 Open Date 8/18/2024 Open Date 8/13/2024 Open Date 8/13/2024 Up Data 8/18/2024 Open Date 8/13/2024 Open Date 8/13/2024 | |
| | Purpose The grant is to support the individual city who are working towards prevention of opioids. View Details | |

After you click the "<u>Apply</u>" button this popup will be displayed. If this is your first time applying for that grant you would need to select the Application Type as "<u>New</u>", if you are updating an existing Grant you would need to select the Application Type as "<u>Amendment</u>" and if you are applying for another year for this grant you would need

to select "<u>Renew</u>". Please **note**: Based on the dates displayed on the Grants Management page you might not see all those application type options. Also, there is a requirement to provide an Annual Report which is accessed only by selecting the "<u>Start Annual Reporting</u>" button on the Grants Management page for your previously awarded Grant.



Clicking Start after you select "New", "Amendment" or "Renewal" will begin the application process.

Navigation:

After the Grant Application loads there will be a number of steps noted below, those steps are listed vertically on the left hand side of the page. At the bottom of the page on the right hand side is a "**Next**" button which will save your information and advance to the next step in the application process. After the initial step there will be another "**Previous**" button that will go back to the previous step, selecting this button will not save any information on the current application step. The "**Next**" button will be replaced by a "**Save & Next**" button with the same functionality. On the bottom left of most pages will be an "**Exit**" button, please note that using this will not save any new information since the last "**Save & Next**". You will not be able to advance to the next step if there are any required fields that have not been completed or filled out.

INSTRUCTIONS:

Please read and review the instructions displayed on the first page of this application.



CONTACT INFORMATION:

This step is where you must specify a Contact for the Individual Grant Application. This is the contact information for the person who will complete the application process and provide the requested information on the following steps. You may add a new Fiscal Agent by selecting the "<u>Invite New User</u>" option and providing their contact information so the system can send them an email to login to the portal or you may add any current contact related to your city or county by selecting the "<u>Add</u> <u>Existing Contact</u>" and then select the appropriate person's name to be the Fiscal Agent.

| Contact Information | | | | | |
|--|--|---------|----------|-------------|--|
| Asterisk () Indicates required heid | | | | | |
| Name of City or County | City or County | | | | |
| Highland County | County | | | | |
| | | | | | |
| Address Information | | | | | |
| Physical Address Information | | | | | |
| * Physical Street Address 1 | Physical Street Address 2 | *City | | | |
| 1223 test | | test | | | |
| 10.0 | | 10 | | | |
| State | ZIPPostal Code | LLCA | | | |
| vigina | 03403 | 0.3.A | | | |
| Mailing Address Information | | | | | |
| Same as Physical Address | | | | | |
| Mailing Street Address 1 | Mailing Street Address 2 | City | | | |
| 1223 test | | test | | | |
| | | | | | |
| State | Zip/Postal Code | Country | | | |
| Virginia | 65465 | U.S.A | | | |
| | | | | | |
| Contact Person for this Application | | | | | |
| ① This should be someone who can answer programmatic and financial questions regarding the a | pplication and does not have to be the signer of the application or the city/county executive. | | | | |
| Do you want to add existing contact or want to invite new user? Add Existing Contact Invite New User | | | | | |
| Exit | | | Previous | Save & Next | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Add Evicting Contact option | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Contact Person for this Application

| () This should be someone who can answer programmatic and financial questions regarding the application and does not have to be the signer of the application or the city/county executive. | | | | | | |
|---|--------------|------------|----------|-------------|--|--|
| [•] Do you want to add existing contact or want to invite new user? • Add Existing Contact Invite New User | | | | | | |
| *Name | | | | | | |
| Select an Option | | | | * | | |
| * First Name | Middle Name | *Last Name | | | | |
| | | | | | | |
| • Job Title | Office Phone | Cell Phone | | | | |
| | | | | | | |
| Suffix | * Email | | | | | |
| | | | | | | |
| | | | | | | |
| Exit | | | Previous | Save & Next | | |

Invite New User option

| Contact Person for this Application | | |
|---|--------------|----------------------|
| () This should be someone who can answer programmatic and financial questions regarding the application and does not have to be the signer of the application or the city/county executive. | | |
| *Do you want to add existing contact or want to invite new user? | | |
| C Add Existing Contact 🔘 Invite New User | | |
| * First Name | Middle Name | *Last Name |
| | | |
| * Job Title | Office Phone | Cell Phone |
| | | |
| Suffix | *Email | |
| | | |
| | | |
| | | |
| EXIT | | Previous Save & Next |

After the required information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

DISTRIBUTION INFORMATIONS:

This is the step where you add Distribution Information.

You can specify Direct Distribution Information per Fiscal Year and allocate "<u>Amounts</u> <u>Expended towards OAA Projects</u>" and/or "<u>Amounts Expended towards Non-OAA</u> <u>Projects</u>" and/or "<u>Amounts Held in Reserve</u>". Use the checkbox next to the Fiscal Year you want to update and click the "<u>Edit</u>" button or use the "<u>Add New</u>" button to create a new row for a Fiscal Year, then enter the amounts. You could also use the "<u>Delete</u>" button to remove a row.

You can also specify Direct Distribution for Non-OAA Projects by editing the rows by checkbox next to the Project you want to update and click the "<u>Edit</u>" button or use the "<u>Add New</u>" button to create a new row for a Project, then enter the "<u>Amount</u> <u>Allocated/Spent</u>", "<u>Starting Date</u>" / "<u>Ending Date</u>" and a "<u>Brief Description of Project</u>" and also specify "<u>Does the project continue into the next year?</u>" by checking a box.. You could also use the "<u>Delete</u>" button to remove a row.

Next answer the required questions. After the information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.
| Distribution Information | | | | | | | | | | | | | |
|---|---|---|-----------------------|---------------|---------------------------------------|-------------------|--|------|-------------------------|--|----------|-----------|--|
| Asterisk (*) indi | cates required field | | | | | | | | | | | | |
| Direct Distri | Direct Distribution Information | | | | | | | | | | | + Add New | |
| | Fiscal Year | Received Amount | | Expended to | owards OAA Projects | | Expended towards Non-OAA Projects | | Amounts Held in Reserve | | | | |
| | 2025 | \$2,304.56 | \$2,304.56 | | | | \$300.00 | | \$4.56 | | | | |
| | Total | \$2,304.56 | | \$2,000.00 | | | \$300.00 | | \$4.56 | | | | |
| Direct Distri | rect Distribution -Non OAA Project(s) Overview | | | | | | | | | | Delete | + Add New | |
| | Name of Project | Amount Allocated/Spent | | Ending Date | Brief Descri | iption of Project | Does this project continue into the next year? | | | | | | |
| | test | \$300.00 | 8/1/2024 | | 8/6/2024 | test | | | | | | | |
| | Total | \$300.00 | | | | | | | | | | | |
| i If you ar | re using Direct Distribution funds for Non-OAA pro | jects, please describe the project(s) below. If you | do not have any Non | n-OAA project | is, this table can be skipped. (click | a "Add New" to | o view and begin) | | | | | | |
| *Does the city or • Yes No | county intend to reserve any portion of its direct distri | butions from FY2023, FY2024, and/or FY2025 for futu | re year abatement eff | forts? | | | | | | | | | |
| " If yes, the city o Incentive program | *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, 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' licentive program, the reserved fund is may only be used in accordance with the 'Gold Standard' a described in the OAA's 'Gold Standard' and 'Gold Standard' as described in the OAA's 'Gold Standard' as | | | | | | | | | | | | |
| Exit | | | | | | | | Prev | ious | | Save & N | ext | |
| | | | | | | | | | | | | | |

GOLD STANDARD:

This optional step can be used to apply for the Gold Standard. If your City or County is already eligible for the Gold Standard then you will not see this step. If that is the case then this is what the page will look like:

Gold Standard



If you have not previously opted into the Gold Standard then this is what the page will look like:

Gold Standard

Asterisk (*) indicates required field

| Gold Standard application must be completed and e-signed before continuing the application. | | |
|--|----------|-------------|
| *Does the city or county intend to apply for the OAA's city or county "Gold Standard" Incentive program? Yes O No | | |
| Exit | Previous | Save & Next |

After selecting the "Yes" option you will need to answer additional questions as shown below:

Gold Standard

Asterisk (*) indicates required field

(i) Gold Standard application must be completed and e-signed before continuing the application.

Does the city or county intend to apply for the OAA's city or county "Gold Standard" Incentive program? • Yes No

The governing body of the city or county named in this application is applying to the OAA to be designated as an OAA "Gold Standard" City or County. OAA "Gold Standard" Cities and Counties are eligible to receive an incentive that increases the city or county's OAA Individual Distribution by 25% for the duration that incentive funds are available. To qualify, the city or county agrees to the terms and conditions set forth for the OAA Individual Distributions to Cities and Counties as well as the following requirements:

a. The city or county will create and maintain separate accounting records for funds received from the OAA Individual Distribution and from Direct Distribution from the settlement administrators in accordance with relevant guidance published by the Auditor of Public Accounts.

D. The city or county voluntarily agrees to apply the requirements of Code of Virginia § 2.2-2370 (A) to its Direct Distributions. These set of requirements are known as the "Gold Standard." These requirements include no indirect costs, no supplanting, and funds must be used 100% for abatement.

c. The city or county agrees to complete and submit the Direct Distribution Reporting Workbook with this application

| TAgree | | |
|--|-----------------------------|----------------------------|
| () Please enter Authorized Official (city/county executive or designee) details and click on Send Email button. They should receive an email for E-Signature and | once completed you'll be at | ble to submit application. |
| *Do you want to add existing contact or want to invite new user? | | |
| E-Sian Completion Status | | |
| New | | Send Email |
| Exit | Previous | Save & Next |

Exit

OAA Staff will review your Gold Standard request as part of your application when it is submitted. Note: Alternatively you can select to apply for Gold Standard separately before you create any other Grant Applications.

After you have completed the questions you will need to either select the "Add Existing Contact" option or the "Invite New User" option.

"Add Existing Contact" option (select the Existing User's Name from the list):

| Counties as well as the following requirements: | | | | | | | | | | | |
|--|---|-------------------|-------------------------------|---------------------------|--|--|--|--|--|--|--|
| a. The city or county will create and maintain separate accounting records for funds received from the OAA Individual Distribution and from Direct Distribution from the settlement administrators in accordance with relevant guidance published by the Auditor of Public Accounts. b. The city or county voluntarily agrees to apply the requirements of Code of Virginia § 2.2-2370 (A) to its Direct Distributions. These set of requirements are known as the "Gold Standard." These requirements include no indirect costs, no supplanting, and funds must be used 100% for abatement. c. The city or county agrees to complete and submit the Direct Distribution Reporting Workbook with this application. | | | | | | | | | | | |
| 2 · I Agree | | | | | | | | | | | |
| Please enter Authorized Official (city/county executive or design | ee) details and click on Send Email button. They should receive an email fo | r E-Signature and | l once completed you'll be ab | le to submit application. | | | | | | | |
| * Do you want to add existing contact or want to invite new user? | | | | | | | | | | | |
| Add Existing Contact Invite New User | | | | | | | | | | | |
| *Search for Authorized Member Contact | | | | | | | | | | | |
| Select an Option | | | | * | | | | | | | |
| * First Name | Middle Name | *Last Name | | | | | | | | | |
| | | | | | | | | | | | |
| *Job Title | Office Phone | Cell Phone | | | | | | | | | |
| | | | | | | | | | | | |
| Suffix | *Email | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| E-Sign Completion Status | | | | Cond Email | | | | | | | |
| New | | | | Send Email | | | | | | | |
| | | | | | | | | | | | |
| Exit | | | Previous | Save & Next | | | | | | | |

"Invite New User" option (enter all the required contact field information):

| Does the city or county intend to apply for the OAA's city or county "Gold State Yes No | ndard" Incentive program? | |
|--|--|---|
| The governing body of the city or county named in this application is applying increases the city or county's OAA Individual Distribution by 25% for the durat Counties as well as the following requirements: | to the OAA to be designated as an OAA "Gold Standard" City or County. OAA "G ion that incentive funds are available. To qualify, the city or county agrees to the t | old Standard" Cities and Counties are eligible to receive an incentive that erms and conditions set forth for the OAA individual Distributions to Cities and |
| a. The city or county will create and maintain separate accounting records for published by the Auditor of Public Accounts. b. The city or county voluntarily agrees to apply the requirements of Code of A supplanting, and funds must be used 100% for abatement. c. The city or county agrees to complete and submit the Direct Distribution Re | funds received from the OAA Individual Distribution and from Direct Distribution f /irginia § 2.2-2370 (A) to its Direct Distributions. These set of requirements are kn porting Workbook with this application. | rom the settlement administrators in accordance with relevant guidance hown as the "Gold Standard." These requirements include no indirect costs, no |
| I Agree | | |
| Please enter Authorized Official (city/county executive or design | ee) details and click on Send Email button. They should receive an email fo | r E-Signature and once completed you'll be able to submit application. |
| *Do you want to add existing contact or want to invite new user? | | |
| Add Existing Contact Invite New User | | |
| * First Name | Middle Name | *Last Name |
| | | |
| *Job Title | Office Phone | Cell Phone |
| | | |
| Suffix | *Email | |
| | | |
| | | |
| E-Sign Completion Status New | | Send Email |
| | | |
| Exit | | Previous Save & Next |

After you add a new user and select the "Send Email" button the user will receive email notification and you will see the following screen (with the "E-Sign Completion Status Pending"):

| *Dees the city or county intend to apply for the OAA's city or county "Gold Standard" Incentive program? • Yes O No | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|
| The governing body of the city or county named in this application is applying to the OAA to be designated as an OAA "Gold Standard" City or County. OAA "Gold Standard" Cities and Counties are eligible to receive an incentive that ncreases the city or county's OAA Individual Distribution by 25% for the duration that incentive funds are available. To qualify, the city or county agrees to the terms and conditions set forth for the OAA Individual Distributions to Cities and Counties as well as the following requirements: | | | | | | | | | | | |
| a. The city or county will create and maintain separate accounting records for t published by the Auditor of Public Accounts. b. The city or county voluntarily agrees to apply the requirements of Code of V supplanting, and funds must be used 100% for abatement. c. The city or county agrees to complete and submit the Direct Distribution Rep | unds received from the OAA Individual Distribution and from Direct Distribution fr irginia § 2.2-2370 (A) to its Direct Distributions. These set of requirements are kn porting Workbook with this application. | om the settlement administrators in accordance with relevant guidance own as the "Gold Standard." These requirements include no indirect costs, no | | | | | | | | | |
| I Agree | | | | | | | | | | | |
| Please enter Authorized Official (city/county executive or designed) | ee) details and click on Send Email button. They should receive an email fo | r E-Signature and once completed you'll be able to submit application. | | | | | | | | | |
| *Do you want to add existing contact or want to invite new user? | | | | | | | | | | | |
| Add Existing Contact Invite New User | | | | | | | | | | | |
| * Search for Authorized Member Contact | | | | | | | | | | | |
| Rusty Clarke Grisworld | | • | | | | | | | | | |
| * First Name | Middle Name | *Last Name | | | | | | | | | |
| Rusty | Clarke | Grisworld | | | | | | | | | |
| *Job Title | Office Phone | Cell Phone | | | | | | | | | |
| Lucky | | | | | | | | | | | |
| Suffix | *Email | | | | | | | | | | |
| | james.moore+lucky@mtxb2b.com | | | | | | | | | | |
| | | | | | | | | | | | |

E-Sign Completion Status Pending

Send Email

Example of E-Signature Email:

| [External Message] Signature requested on "VA OAA - Gold Agreement C IDIC-New-000692" 1 message | larke County-2025- |
|--|------------------------------|
| Opioid Abatement Authority via Adobe Acrobat Sign <adobesign@adobesign.com> Reply-To: Opioid Abatement Authority <cmoisan@voaa.us> To: "james.moore+lucky@mtxb2b.com" <james.moore+lucky@mtxb2b.com></james.moore+lucky@mtxb2b.com></cmoisan@voaa.us></adobesign@adobesign.com> | Thu, Sep 12, 2024 at 7:50 AM |
| Adobe Acrobat Sign | Adobe |
| Opioid Abatement Authority requests your signat | ure |
| VA OAA - Gold Agreement Clarke County-2025-IE New-000692 | DIC- |
| Review and sign | |
| Dear Rusty Grisworld, You have received a Gold Agreement for E-Signature. Please review and sign the re documentation. If you have any questions, please contact info@voaa.us. | quired |
| After you sign VA OAA - Gold Agreement Clarke County-2025-IDIC-New-000692, parties will receive a final PDF copy. | all |
| Don't forward this email: If you don't want to sign, you can delegate to someone ele | se. |
| Adobe Acrobat Sign | |
| By proceeding, you agree that this agreement may be signed using electronic or handw signatures. | ritten |
| To ensure that you continue receiving our emails, please add adobesign@adobesign.co address book or safe list. | om to your |
| © 2024 Adobe. All rights reserved. | |

After the Authorized Official user is added and has completed the E-Sign, you can use the "<u>Save & Next</u>" button to advance the application to the next step. Note: You

may need to leave the application and return later to see the E-Sign Completion Status changed based on the amount of time it takes them to complete the application E-Sign for Gold Standard. Completed E-Signature for Gold Standard:

| • Yes No | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|--|
| The governing body of the city or county named in this application is applying to the OAA to be designated as an OAA "Gold Standard" City or County. OAA "Gold Standard" Cities and Counties are eligible to receive an incentive that increases the city or county's OAA Individual Distribution by 25% for the duration that incentive funds are available. To qualify, the city or county agrees to the terms and conditions set forth for the OAA Individual Distributions to Cities and Counties as well as the following requirements: | | | | | | | | | | | | |
| a. The city or county will create and maintain separate accounting records for funds received from the OAA Individual Distribution and from Direct Distribution from the settlement administrators in accordance with relevant guidance published by the Auditor of Public Accounts. b. The city or county voluntarily agrees to apply the requirements of Code of Virginia § 2.2-2370 (A) to its Direct Distributions. These set of requirements are known as the "Gold Standard." These requirements include no indirect costs, no supplanting, and funds must be used 100% for abatement. c. The city or county agrees to complete and submit the Direct Distribution Reporting Workbook with this application. | | | | | | | | | | | | |
| I Agree | | | | | | | | | | | | |
| Please enter Authorized Official (city/county executive or design | nee) details and click on Send Email button. They should receive an email fo | or E-Signature and once completed you'll be able to submit application. | | | | | | | | | | |
| * Do you want to add existing contact or want to invite new user? | | | | | | | | | | | | |
| Add Existing Contact Invite New User | | | | | | | | | | | | |
| * Search for Authorized Member Contact | | | | | | | | | | | | |
| Rusty Clarke Grisworld | | • | | | | | | | | | | |
| * First Name | Middle Name | *Last Name | | | | | | | | | | |
| Rusty | Clarke | Grisworld | | | | | | | | | | |
| *Job Title | Office Phone | Cell Phone | | | | | | | | | | |
| Lucky | | | | | | | | | | | | |
| Suffix | " Email | | | | | | | | | | | |
| | james.moore+lucky@mtxb2b.com | | | | | | | | | | | |
| | | | | | | | | | | | | |
| E-Sign Completion Status | | Send Email | | | | | | | | | | |
| Completed | | | | | | | | | | | | |
| Exit | | Previous Save & Next | | | | | | | | | | |

PROJECT PROPOSAL:

Provide the required information such as the "<u>Project Name</u>" and "<u>Provide a brief</u> <u>narrative description of the proposed project.</u>" You will also need to provide a Contact Person, you may "<u>Add Existing Contact</u>" or "<u>Invite New User</u>", this person will be the primary contact for the Individual Grant Application. Finally, provide the requested financial information and describe any other organizations involved in this project.

| T AUTHORITY ENT Clarke County • Pauly Grie | sworld 👻 |
|--|--|
| Jual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 | Application |
| Project Proposal Complete the Information below for the project the oily or county is requesting to be funded. Asterisk (*) Indicates required field Name of City or County Clarke County | |
| *Project Name test Contact Person for this Project | |
| This should be someone who can answer programmatic and financial questions regarding the project and does not have to be the signer of the application, the city/county executive, or the contact person for the application. ¹ Do you want to add existing contact or want to invite new user? Add Existing Contact _ Invite New User | |
| *Which of the following criteria does the project meet? A new effort for the agency. A proposed supplement or enhancement to a project or effort that is already in place. A combination of enhancing an existing project/effort with new components. *Provide a brief narrative description of the proposed project. Image: Comparison of the proposed project. Image: Comparison of the filled automatically based on what is entered in the 'Budget' sections for the first year of the project. | h |
| TT AUTHORITY Clarke County • (a) Rusty | Grisworld |
| AENT | |
| JENT | load Applic |
| dual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 Downt The following financial questions will be filled automatically based on what is entered in the 'Budget' sections for the first year of the project. | load Applic. |
| JEINT dual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 Down The following financial questions will be filled automatically based on what is entered in the 'Budget' sections for the first year of the project. What is the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 Insurate the first the total cost of the proposed project? So.00 So.00 | ioad Applic: |
| deal City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 Down | |
| Atend City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 Down Down Image: City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 Down Down Down The following financial questions will be filled automatically based on what is entered in the 'Budget' sections for the first year of the project. What is the total cost of the proposed project? S0:00 Amount of Individual Distribution Funds requested for the proposed project. S0:00 Amount of 'Coold Standard Funds' Incentive requested for the proposed project. S0:00 Amount of any matching funds pledged toward the project: Pind Source Amount Amount of any matching funds pledged toward the project: Pind Source Amount of any matching funds pledged toward the project: Ding Source Amount of any matching funds pledged toward the project: Ding Source | |
| deal City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 I Deam Image: City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 Image: City County Distribution Funds I clarke County-2025-IDIC-New-000692 Image: City County City Clarke County-2025-IDIC-New-000692 Image: City City Clarke County-2025-IDIC-New-000692 Image: City Clarke County-2025-IDIC-New | |
| dual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 Image: City/County Distribution Funds a questions will be filled automatically based on what is entered in the 'Budget' sections for the first year of the project. What is the total cost of the proposed project. \$0.00 Amount of Individual Distribution Funds requested for the proposed project. \$0.00 Amount of 'Gold Standard Funds' incentive requested for the proposed project. \$0.00 Amount of 'Gold Standard Funds' incentive requested for the proposed project. \$0.00 Amount of 'Gold Standard Funds' incentive requested for the proposed project. \$0.00 Amount of any matching funds pledged toward the project: Image: Provide the strategy for long-term sustainability once OAA funds are reduced or no longer available? 'How was the need determined and how does that need relate to abatement? | |
| | ioad Applici |
| | Number • Due not not explored • Due not not explored Intel attribution frame1- 2025 I Clarke County-2025-DIC-New-000092 Intel Clarke County-2025-DIC-New-000092 • Due not not explored the clarke County-2025-DIC-New-000092 Intel Clarke County-2025-DIC-New-000092 • Due not not clarke the project the clarke county-2025-DIC-New-000092 Complex the information below for the project the clarke county-2025-DIC-New-000092 • Due not clarke the information below for the project the clarke county-2025-DIC-New-000092 Complex the information below for the project the clarke county-2025-DIC-New-000092 • Due not clarke the information below for the project the clarke county-2025-DIC-New-000092 Complex the information below for the project the clarke county-2025-DIC-New-000092 • Output clarke county Clarke County • Project Name Intel • Output clarke county • Output clarke county • Output clarke county • Project Name Intel • Output clarke county • Project Name • Intel Clarke County • Output clarke counts • Project Name • Output clarke counts • Output clarke counts • Output clarke counts • Output clarke counts • Project Name • Output clarke counts < |

You are required to provide at least one organization:

| if this project does not incl "Other" as entity type to co | Add Organizations sub Add Organization Asterisk (*) indicates requi | raciniante or contractore salart | "ådd New" and enter "N/å" under organization and desc X | ription of role, "\$0.00" under amount of funding and |
|--|---|----------------------------------|--|---|
| | *Name of Organization | *Amount of Funding | * Entity Type | |
| Name of Organizati | Test Org | \$100.00 | Community Service Board 👻 | Entity Type |
| | *Description of Role | | | |
| | test | | | |
| | Document Name | | | |
| | Attach Document | | | |
| | t Upload Files Or | drop files | | |
| *Describe any specific group(s) of inc | i 🗸 1.5 days now or 2.0 day | rs later.png | ± = | |
| *Does this project have components No, it is 100% related to opioid tree | 0 | | Cancel | li di seconda di second |
| * Provide a budget narrative for the fu | nding strategy of this project | | | |
| test | | | | |
| | | | | |
| | | | | |
| Exit | | | | Previous Save & Next |

Once all questions are answered and the required information is provided then you can use the "<u>Save & Next</u>" button to advance the application to the next step.

BUDGET - PERSONNEL EXPENDITURES:

On this page you will provide the budget information for Salaried Staff and Hourly Staff. This information will be used in the calculation of the anticipated amounts of expenditures for Personnel. Note: The Salaried Staff allows you to enter the Benefits amounts but the Hourly staff calculates from the Benefits amounts for you based on a 30% standard. The application will calculate the totals and grand totals using the information.

Budget - Personnel Expenditures

| Asterisk (*) indicates required field | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------|------------|--------------------------|-----------|------------------|------------|--------------------------|--------------|------------|--------------|---------------------|-----------|-----------------|-------------|-------------|--------------------------|-----------|---------------|------------|--------------------------|
| New Salaried Staff | | | | | | | | | | | | | | | | | | (| ✓ Edit | Delete | + Add New |
| | | FY 2025 | | | | FY 2026 | | | | FY 2027 | | | | FY 2028 | | | | FY 2029 | | | |
| - Canon Type Beachpion | | # of FTE | s Salar | Salary Benefits | | stal # of FTEs S | | Benefits | nefits Total | | s Salar | y Benef | ts Tota | # of FTEs | FTEs Salary | ry Benefits | efits Total | # of FTE | s Salary | Benefit | Total |
| Total Salaried Staff | | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 |
| Include any positions that will be directly funded by the grant for the recipient city or county, (click "Add New" to begin) | | | | | | | | | | | | | | | | | | | | | |
| New Hourly/Wage/Part-time | Staff | | | | | | | | | | | | | | | | | (| / Edit | Delete | + Add New |
| Parition Tune Description | | F | Y 2025 | | | FI | 2025 | | | | FY 202 | 7 | | | FY | 2028 | | | | FY 2029 | |
| roanon ryparascription | # of Wage or P | r \$ Rate | # of Hours | Total (includes FICA) | # of Wage | or PT \$ Rate | # of Hours | Total (includes FICA) | # of W | lage or PT | \$ Rate # of | Hours Total FICA | (includes | # of Wage or PT | \$ Rate | # of Hours | Total (includes FICA) | # of Wage | or PT \$ Rate | # of Hours | Total (includes FICA) |
| Total Hourly/Wage/Part-Time Staff | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 | 0 | | N/A N/A | \$0.00 | | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 |
| Include any wage positions that Grand Total | Include any wage positions that will be directly funded by the grant for the recipient city or county, (click "Add New" to begin) Grand Total | | | | | | | | | | | | | | | | | | | | |
| | | | | | FY 2025 | | | FY 2 | 1026 | | | P | 2027 | | | FY 20 | 28 | | | FY 2029 | |
| | | | | # of Staff | | Grand Total | | of Staff | Gran | nd Total | 80 | f Staff | Grand | Total | # of Stat | н | Grand Total | | # of Staff | Gra | nd Total |
| Grand Total | | | | 0 | \$0.00 | | 0 | s | 0.00 | | 0 | | \$0.00 | 0 | | 50 | .00 | 0 | | \$0.00 | |
| Exit | | | | | | | | | | | | | | | | | Previous | | | Save & Nex | t |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

BUDGET - OPERATING & CAPITAL EXPENDITURES:

On this page you will provide the budget information for Operating Expenses and Capital Expenses. This information will be used in the calculation of the anticipated amounts of expenditures for Operating & Capital Expenditures.

Note: Operating Expenses should include any administrative expenses, subrecipients, and contracts. Operating Expenses should not be used to track indirect costs for the recipient city or county. Capital Expenses should only include... get from the client.

| Budget - Operating & Capita | al Expend | litures | | | | | | | | | | | | | |
|---|------------|---------------|----------|--------------------------|---------------|--------|------------|---------------------|--------|--------------------------|---------------|----------------|------------|---------------|-----------|
| Asterisk (1) Indicates required field | | | | | | | | | | | | | | | |
| New Operating Expenses | | | | | | | | | | | | | | Edit Delete | + Add New |
| Hem Description | FY 2025 | | | | FY 2026 | | | FY 2027 | | | FY 2028 | | FY 2029 | | |
| | # of Units | Cost per Unit | Total | # of Units Cost per Unit | | Total | # of Units | Cost per Unit Total | | # of Units Cost per Unit | | Total # of Uni | | Cost per Unit | Total |
| Total Operating Expenses | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 |
| Include any administrative expenses, sub-recipients, and contracts. Indirect costs are not allowed for the recipient city or county. (click *Add New* to begin) | | | | | | | | | | | | | | | |
| New Capital Expenses | | | | | | | | | | | | | - | Edit 📕 Delete | + Add New |
| Item Description | | FY 2025 | | | FY 2026 | | | FY 2027 | | | FY 2028 | | | FY 2029 | |
| | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total |
| Total Capital Expenses | 0 | N/A | \$0.00 0 | | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 |
| ① Capital expenditures should only include: | | | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | | | |
| | | FY 2025 | | | FY 2026 | | | FY 2027 | | | FY 2028 | | | FY 2029 | |
| | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total |
| Grand Total | N/A | N/A | \$0.00 | N/A | N/A | \$0.00 | N/A | N/A | \$0.00 | N/A | N/A | \$0.00 | N/A | N/A | \$0.00 |
| Exit | | | | | | | | | | | | Previous | | Save & Nex | đ |

After entering the required information is provided then you can use the "Save & <u>Next</u>" button to advance the application to the next step.

BUDGET OVERVIEW:

On this page you may enter the Revenue anticipated for this Individual Grants Application. This must be separated into Non-OAA Matching Funds such as Direct Distributions and into OAA Requested Funding Sources (Individual, Individual Distribution, Gold Standard). The system will calculate the Revenue Grand Totals for your application and it will display the totals from the Expenses.

| Budget Overview Somers as bager instances for the specific distribution (DipCouncil data Agency is sequence or to be address) Veron Ar () Solutions register from | | | | | | | | | |
|--|---|---------------------------|-----------------|-------------------|----------|----------------------|--|--|--|
| Revenue | | | | | | | | | |
| Non-OAA Matching Funds | | | | | | Zot Boleso + Add New | | | |
| Please enter any matching funds (Direct D I intending to use Direct Distribution as a | Distribution, other). matching fund, check the box next to Direct Distributions and select Edit. Additional sources may be add | ed as well using Add New. | | | | | | | |
| Non-OAA Matching Evolution | PY 2026 | PY 2225 | FT 2027 | FY 2028 | | FY 2028 | | | |
| narroux manning runni | Perguested Amount | Prepared Amount | Proposed Amount | Proposed Amount | | Prepased Amount | | | |
| Direct Distribution | 81.00 | 80.00 | 80.80 | 85.00 | 80.09 | | | | |
| Tetal Non-OAA Funding Sources | 82.90 | 80.00 | \$0.80 | \$8.00 | 83.09 | | | | |
| Ab Reperiod Public Sources read to the source of solarithm of the solari | | | | | | | | | |
| OAA Requested Funding Sources | PV 2025 | FY 2325 | PY 2027 | PY 2028 | | FY 3829 | | | |
| | Requested Amount | Proposed Amount | Proposed Amount | Prepared Annual | | Proposed Amount | | | |
| Individual Distribution (DIC) | 80.90 | 80.00 | 80.80 | 88.00 | 80.00 | | | | |
| Gold Standard Distribution | \$2.90 | 50.00 | \$0.80 | \$1.00 | \$0.09 | | | | |
| Tetal OAA Funding Sources | \$1.90 | 50.00 | 90.80 | \$4.00 | \$0.09 | | | | |
| Revenue Grand Total | | | | | | | | | |
| | PY 2028 | PY 2828 | PT 2027 | PY 2028 | | PY 2028 | | | |
| | Requested Amount | Proposed Amount | Proposed Amount | Proposed Amount | | Proposed Amount | | | |
| Revenue Grand Total | 52.59 | \$0.00 | 50.80 | 58.00 | \$3.09 | | | | |
| Expenses Depenses are prefiled from the Budget Ex- | spendhare sectors, to edit extent Previous and edit in the appropriate sectors | PY 2003 | 11387 | PY 2016 | | PY 2029 | | | |
| Expenses | Requisited Amount | Proposed Amount | Proposed Amount | Proposed Amount | | Proposed Amount | | | |
| Personnel-related | 2.0 | 2.0 | \$2.0 | \$2.40 | \$2.43 | | | | |
| Tutal Expenses | 20 | 52.43 | \$2.43 | 12.0 | \$2.43 | | | | |
| Fotal Requested Amount | t from the OAA | | | | | | | | |
| | PY 2028 | PY 2836 | FT 2027 | PY 2028 | | FY 2026 | | | |
| | Nequested Amount | Proposed Amount | Preposed Amount | Properties Annual | | Preposed Amount | | | |
| Tetal Requested Amount from the OAA | 8.0 | \$2.43 | \$2.43 | 12.40 | 12.40 | | | | |
| Edit | | | | | Previous | Save & Heat | | | |

Please note you will be presented with this error message: "Total Requested Amount must be the exact match of the Total OAA Requested Funding Source." If you see this result you may need to make some adjustments to either your Expenses or your Revenues when both are equal the error message will no longer be displayed. See sample of error message below:

| O Total Requested Amount must be the exact match of the Total OAA | Requested Funding Source. |
|---|---------------------------|
|---|---------------------------|

PERFORMANCE MEASUREMENT:

On this page you will be able to enter your performance measurement goals per Fiscal Year (you must enter at least one Performance Measurement for one Fiscal Year):

| | OPIOID ABATEMENT AV GRANTS MANAGEMEN | 7THORITY P | | | | Clarke County 🔻 | Rusty Grisworld + | | |
|-----------|---|---|---------------------------------------|-----------------------|---------------------------|--------------------------|-------------------|--|--|
| (| Back to dashboard OAA Individual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 | | | | | | | | |
| 0-0-0-0-0 | Instructions Contact Information Distribution Information Gold Standard Project Proposal | Performance Measurement Enter the applicable measures for this project (number of people projected to participate) under the corresponding fisce measures that are not pre-populated here can be added at the bottom of this page under "Other". Asterisk (*) Indicates required field Prevention/Education/Awareness Efforts | il year. At least 1 is required for 6 | each year that the pr | oject is intending to rec | uest funding. Additional | performance | | |
| 0 | Budget - Personnel Expenditures | Position Type/Description | FY 25 | FY 26 | FY 27 | FY 28 | FY 29 | | |
| 0 | Budget - Operating & Capital Expenditures | No. children, elementary school age, participating in prevention/education programming | 0 | 0 | 0 | 0 | 0 | | |
| Ŏ | Performance Measurement | No. of children, middle school age, participating in prevention/education programming | 0 | 0 | 0 | 0 | 0 | | |
| 0 | Objectives | No. of children, high school age, participating in prevention/education programming | 0 | 0 | 0 | 0 | 0 | | |
| Ó | Reference Information | No. adults from the general public participating in prevention/education programming | 0 | 0 | 0 | 0 | 0 | | |
| | ergi nata e | No. of pregnant and/or nursing women participating in prevention/education programming | 0 | 0 | 0 | 0 | 0 | | |
| | | No. of teachers participating in prevention/education programming | 0 | 0 | 0 | 0 | 0 | | |
| | | No. of health care professionals participating in prevention/education programming | 0 | 0 | 0 | 0 | 0 | | |
| | | No. of law enforcement officers participating in prevention/education programming | ο | 0 | 0 | ο | 0 | | |

NOTE: Enter the applicable measures for this project (number of people projected to participate) under the corresponding fiscal year. At least 1 is required for each year that the project is intending to request funding. Additional performance measures that are not pre-populated here can be added at the bottom of this page under "Other".

| OPIOID ABAT GRANTS MAN | FEMENT AUT NAGEMENT | HORITY | | | | Clarke County - | Rusty Grisworld • |
|---------------------------|------------------------|--|-------|-------|-------|--|----------------------|
| ← Back to dashboard OAA | A Individual Ci | ty/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 | | | | | Download Application |
| | | No. of adults connected to a job / employment | 0 | 0 | 0 | 0 | 0 |
| | | Harm Reduction Efforts | | | | | |
| | | Position Type/Description | FY 25 | FY 26 | FY 27 | FY 28 | FY 29 |
| | | No. of people engaged during harm prevention outreach efforts | 0 | 0 | 0 | 0 | 0 |
| | | No. of Natoxone kits distributed to at risk individuals | 0 | 0 | 0 | 0 | 0 |
| | | No. of Fentanyl test kits distributed to at-risk individuals | 0 | 0 | 0 | 0 | 0 |
| | | No. of clean syringe exchanges conducted | 0 | 0 | 0 | 0 | 0 |
| | | Reported No. of overdoses reversed | 0 | 0 | 0 | 0 | 0 |
| | | Other - Please Describe | | | | Edit Delete | + Add New |
| | | Position Type/Description | | FY 25 | FY 26 | FY 27 FY 28 | FY 29 |
| | | Provide any additional information regarding the measures selected (optional). | | | | | |
| | | | | | | | |
| | | Exit | | | Prev | ious | ive & Next |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

OBJECTIVES:

On this page, you will provide at least one Objective to proceed.

| Ĺ | OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | Clarke County • |
|--------|---|--|---|
| + | Back to dashboard OAA Individu | al City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 | 2 Download Application |
| 0-0-0- | Instructions Contact Information Distribution Information | Objectives Asterisk (*) Indicates required field | |
| 0 | Gold Standard Project Proposal | At least one objective must be entered. To add a new objective, select 'Add New'. Objective | |
| 0 | Budget - Personnel Expenditures | S.No Objective | Fidit Delete + Add New Proposed Start Date Proposed Completion Date |
| 0 | Budget - Operating & Capital Expenditures | | |
| Ó | Budget Overview | | |
| 0 | Performance Measurement Objectives | No Records Found! | |
| Ó | Reference Information | Provide any additional information regarding the objectives entered (optional). | |
| 0 | Signature | Exit | Previous Save & Next |

Use the "Add New" button to create a new Objective with Proposed Start and Completion Dates:

| Objectives | | | | | | | | |
|--|---------------------------------------|---|----------------------------|------|---------------------|--------|-----------------|-----------|
| Asterisk (*) indicates required field | | | | | | | | |
| (j) At least one objective must be | Add Objective | | | × | | | | |
| Objective | Asterisk (*) indicates required field | | | I | | 🖌 Edit | Delete | + Add New |
| S.No Objective | *Objective Enter Objective | | | _ | Proposed Start Date | Pro | posed Completio | on Date |
| | * Proposed Start Date | | * Proposed Completion Date | | | | | |
| | Select Proposed Start Date | 首 | Select Description of Role | ä | | | | |
| | | | Cancel | Save | | | | |
| Provide any additional information regardi | ng the objectives entered (optional). | | | | | | | |
| | | | | | | | | |
| | | | | | | | ר ה | _ |
| Exit | | | | | Prev | ous | Sav | e & Next |

After completing one or more of the Objectives you can advance to the next step of the application:

| terisk (*) |) indicates r | required field | | | | |
|------------|---------------|-------------------------------------|------------------------------------|----------------|-------------|--------------------|
| (i) At le | east one ob | pjective must be entered. To add | a new objective, select 'Add New'. | | | |
| jective | 9 | | | | 🖌 Edit | Delete + Add N |
| | S.No | Objective | | Proposed Start | Date Propos | ed Completion Date |
| | 1 | test 123 | | 8/31/2024 | 10/30/2 | 025 |
| ride any | additional in | nformation regarding the objectives | ; entered (optional). | | | |
| | | | | | Previous | Save & Nevt |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

REFERENCE INFORMATION:

After answering the questions please provide a Weblink or File Upload for the "Yes" answers. The allowed formats for file uploads are .docx, .png, .jpg, .jpeg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 25mb.

| Ĺ | GRANTS MANAGEMENT | | | | | | | |
|---------|---|--|--------------------------|---------------|--|--|--|--|
| • | Back to dashboard OAA Individual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 | | | | | | | |
| 0-0-0-0 | Instructions Contact Information Distribution Information | Reference Information Asterisk (*) Indicates required field | | | | | | |
| 0-0- | Project Proposal Budget - Personnel Expenditures | Answer the questions below and provide supporting information as prompled. The allowed formats for file uploads are .docx, .png, .jpg, .jpg, .gl, .pdf, .txt, .xts, .xts, .xps and 'Is your Project Evidence based? Yes No | i file size should be le | ss than 25mb. | | | | |
| 0 | Budget - Operating & Capital Expenditures | *Is your Project Evidence Informed? Ves No | | | | | | |
| 0 | Budget Overview Performance Measurement | *Is your project certified/credentialed by a State or Federal Agency, or other organization? Yes No | | | | | | |
| 0 | Objectives | *Has your project received any award(s) and/or recognition? Yes No | | | | | | |
| Ó | Reference Information | * Is your project working with an organization with an established record of success? | | | | | | |
| 0 | Sidurana | | us | Savo & Next | | | | |

Weblink example (use the provided field to enter the full address):

Reference Information



File Upload example (use the "<u>Upload Files</u>" button or drag and drop a file to the box next to it):

Reference Information

| Asterisk (*) indicates required field |
|---|
| O Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .png, .jpg, .jpeg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 25mb. |
| * le sum Desi et Distance have do |
| 'is your Project Evidence based? |
| Yes No |
| *Do you have a weblink or do you want to upload a file? |
| Weblink File Upload |
| * Upload File |
| t Upload Files Or drop files |
| Complete this field. |

Then click the "Done" button:

| | GRANTS MANAGEMEN | VIRONIT T | | | Rusty Grisworld |
|--------------------|----------------------------------|---|----------|--------|--------------------|
| ← Back to de | OAA Individual | City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 | | | 2 Download Applica |
| O Instruct | tions | | | | |
| O Contact | t Information | Reference Information | | | |
| O Distribu | ution Information | Asterisk (*) Indicates required field | | | |
| Gold St | tandard | 3 Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .png, .jpg, .jpg, .gif, .pdftxt, .xis, .xisx, .xps and file size should be less than 25mb. | | | |
| O Project | Proposal | | | | |
| O Budget Expend | I - Personnel ditures | "la your Prijond Exidence based? ⊛ VesNo | | | |
| O Budget Expend | · Operating & Capital ditures | "Do you have a webink or do you want to uplead a life? Webink @ Pik Uplead | | | |
| O Budget | Overview | Upload File | | | |
| O Perform | nance Measurement | | | | |
| Objectiv | ives | 3 1.5 days now or 2.0 days unit-ting | | | × • |
| O Referen | nce Information | ' is your Project Evidence Informed? Ves (@ No | | | |
| Signatu | ne | ' is your project certified/oredemiated by a State or Federal Agency, or other organization? | | | |
| | | Yes (b) No | | | |
| | | "Hea your project neohwed any award(s) and/or neografilion? ∑ Yes ⊗ Ho | | | |
| | | ' is your project working with an organization with an established record of success? | | | |
| | | Ves No | | | |
| | | Do you have any additional supporting document? | | | |
| | | U ha gi nu | | | |
| | | Exit | Previous | Save & | Next |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

SIGNATURE:

On this page, the responsible person must E-sign the application for a grant. NOTE: Signer must be city/ county executive or designee. Once the application has been esigned, the user will need to return to this page to submit the application.

| Ļ | OPIOID ABATEMENT AU GRANTS MANAGEMENT | r | Clarke County - | Rusty Grisworld • | | | | |
|---------|---|--|----------------------------|-------------------|--|--|--|--|
| • | ← Back to dashboard OAA Individual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 | | | | | | | |
| 0-0-0-0 | Instructions Contact Information Distribution Information | Signer must be cityl county executive or designee. Once the application has been e-signed, the user will need to return to this page to submit the application. Asterisk (*) Indicates required field | | | | | | |
| ļ | Project Proposal | Please click on Download Application button on top to download a copy of the application as a PDF file. | | | | | | |
| 0 | Budget - Personnel Expenditures | * 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 thatany awards resulting from this application will follow the C | AA's established term | hs & conditions. | | | | |
| 0 | Budget - Operating & Capital Expenditures | *Do you want to add existing contact or want to invite new user? | inplote the mate su | | | | | |
| 0 | Budget Overview | Add Existing Contact Invite New User | | | | | | |
| Ŷ | Performance Measurement | Exit | Send for E-S | ign and Submit | | | | |
| Ó | Objectives | | | | | | | |
| 0 | Reference Information Signature | | | | | | | |

Select the checkbox next to the "<u>I swear or affirm that all information contained in</u> 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."

Then answer the following question: "Do you want to add existing contact or want to invite new user?" and then provide the requested information.

Add Existing Contact (Use the "<u>Search for Authorized Member Contact</u>" list to locate an existing contact)

| Ĺ | OPIOID ABATEMENT AU GRANTS MANAGEMENT | JTHORITY F | | | Clarke County - | Rusty Grisworld + | | | |
|----------|---|--|--|-------------------------|--------------------|----------------------|--|--|--|
| (| Back to dashboard OAA Individual | City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Ne | w-000692 | | | Download Application | | | |
| 0-0-0- | Instructions Contact Information Distribution Information | Signature Signer must be cityl county executive or designee. Once the application has b Asterisk (*) indicates required field | een e-signed, the user will need to return to this page to submit the application. | | | | | | |
| 0 | Gold Standard Project Proposal | Please click on Download Application button on top to download a copy of the application as a PDF file. | | | | | | | |
| 0 | Budget - Personnel Expenditures | * I swear or affirm that all information contained in and attached to this app O Please enter Authorized Official (city/county executive or design | ulting from this application will follow the receive an email for E- Signature to o | OAA's established to | erms & conditions. | | | | |
| 0 | Budget - Operating & Capital Expenditures Budget Overview | Operating & Capital | | | | | | | |
| 0 | Performance Measurement | *Search for Authorized Member Contact Rusty Clarke Grisworld | | | • | | | | |
| 0 | Reference Information | * First Name Rusty | Middle Name Clarke | *Last Name Grisworld | | | | | |
| 0 | Signature | * Job Title Lucky | Office Phone | Cell Phone | | | | | |
| | | Suffix | *Email james.moore+kucky@mbb2b.com | | | | | | |
| | | Exit | | Previous | Send for E-S | ign and Submit | | | |

Invite New User (fill in the required information):

| ĺ | GRANTS MANAGEMENT | | | | | | | |
|---|--|--|--|---|--|--|--|--|
| CAA Individual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-New-000692 | | | | | | | | |
| 0-0-0-0-0-0-0-0 | Instructions Contact Information Distribution Information Gold Standard Project Proposal Budget - Personnel Expenditures Budget - Operating & Capital Expenditures | Signature Signer must be cityl county executive or designer. (Asterisk (*) Indicates required field Please click on Download Application be I * I sevear or affirm that all information contained Please enter Authorized Official (city/cont Options) Do you want to add existing contact or want to invit Add Existing Contact (*) Invite New User | Once the application has been e-signed, the user will need to return to this paper utton on top to download a copy of the application as a PDF file. In and attached to this application is true to the best of my knowledge and tha unty executive or designee) details and click on "Send for E-Sign and Su to new user? | ge to submit the application. It I agree thatany awards resulling from this application will follow the abmit* button. They should receive an email for E- Signature to | e OAA's established terms & conditions. complete the inteke submission. | | | |
| 0 | Performance Measurement | * First Name | Middle Name | *Last Name | | | | |
| 0 | Objectives | *Job Title | Office Phone | Cell Phone | | | | |
| 0 | Reference Information | Suffix | *Email | | | | | |
| | | Exit | | Previou | Send for E-Sign and Submit | | | |

After either step is completed then you should use the "<u>Send for E-Sign and Submit</u>" button.

This is what the final submission popup will look like:

| OPIOID ABATEMENT AUTHORITY Clarke C | | | | | | | |
|-------------------------------------|--|--|--|-----------------------------|---|------------------------|-----------------------------------|
| (+ E | Back to dashboard OAA Indi | vidual City/County Distribution Grant - 202 | 5 I Clarke County-2025-IDIC-New-000692 | | | | 2 Download Applicati |
| 0-0-0-0- | Instructions Contact Information Distribution Information Gold Standard | Signature Signer must be cityl county executive or Asterisk (*) indicates required field | designee. Once the application has been e-signed, the user will need to return to this page | e to submit the application | | | |
| -0-0-0 | Project Proposal Budget - Personnel Expenditures Budget - Operating & Capital | Please click on Download Ap * I swear or affirm that all informatic Please enter Authorized Offi | plication button on top to download a copy of the application as a PDF file. Send Application for E-Signature and Submit Are you sure you want to send application for E-Signature and Submit? | × | sulting from this application will follow the second | ne OAA's established t | erms & conditions. submission. |
| -0-0- | Expenditures Budget Overview Performance Measurement | "Do you want to add existing contact o Add Existing Contact Invite New Search for Authorized Member Contact Do to Do to Contact | [| No Yes | | | |
| -0-0- | Objectives Reference Information | *First Name Rusty | Midde Name Clarke | | *Last Name Grisworld | | |
| Ó | Signature | * Job Title Lucky | Office Phone | | Cell Phone | | |
| | | Suffix | *Email james.moore+lucky®mbb2b.com | | | | |
| | | Exit | | | Previous | Send for E-S | gn and Submit |

Next an email will be sent requesting the E-Signature and the OAA Staff will begin processing the Individual Grant application.

| OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | Clarke County - | Rusty Grisworld | | |
|--|----------------------------|-----------------|--|--|
| Ø Application is Ready for E-Sign | | | | |
| Thank you for submitting your application! Your application has been received and is currently being processed. We appreciate your interest and will carefully review the information you have provided. Application Name: Clarke County-2025-IDIC-New-000692 | | | | |
| Next Steps Please make sure to get the Authorized Official complete their e-signature on application via the email received to complete the intake submission. Please keep this Application Name for your records, as it will be used for any future correspondence regarding your application. Our team is dedicated to ensuring a thorough and fair review of all applications. You will be outcome as soon as the review process is complete. If you have any inquiries or need further assistance, please feel fee to contact our support team at info@voa.us. 2 Download Application | | | | |

The following page will display, allowing you to choose one of two options by selecting either the "<u>Download Application</u>" button (which will download a PDF of the application you submitted or the "<u>Back to Dashboard</u>" button that will return you to the Dashboard.

OAA Staff may send your application to the "<u>Assigned Back</u>" status to allow you to provide the requested information they need to complete your application processing. This is typically done by uploading additional information in the form of one or more files. Please note that all processing on your application will stop when this status is displayed on your application dashboard.

OAA Staff may also request additional information in the form of **Contingencies** that must be met in order to receive the award. These are generally...

E-Signature for Individual City/County Grant Application:

You will receive another Individual Distribution E-Signature email for Submit. The email will resemble this:

| [External Mess 2025-IDIC-New 1 message | age] Signature requested on "VA OAA - Intake Application -000692" | Clarke County- |
|---|--|------------------------------|
| Opioid Abatement A Reply-To: Opioid Abat To: "james.moore+luc | uthority via Adobe Acrobat Sign <adobesign@adobesign.com> ement Authority <cmoisan@voaa.us> ky@mtxb2b.com" <james.moore+lucky@mtxb2b.com></james.moore+lucky@mtxb2b.com></cmoisan@voaa.us></adobesign@adobesign.com> | Thu, Sep 12, 2024 at 9:18 AM |
| | Adobe Acrobat Sign | 2 |
| | Opioid Abatement Authority requests your signate on | ure |
| | VA OAA - Intake Application Clarke County-2029 IDIC-New-000692 | 5- |
| | Review and sign | |
| | Dear Rusty Grisworld, You have received a document for Clarke County-2025-IDIC-New-000692 for test for Signature. Please review and sign the required documentation. If you have any quest please contact info@voaa.us. | E- ions, |
| | After you sign VA OAA - Intake Application Clarke County-2025-IDIC-New-000692 parties will receive a final PDF copy. | , ali |
| | Don't forward this email: If you don't want to sign, you can delegate to someone els | e. |
| | Adobe Acrobat Sign | |
| B | y proceeding, you agree that this agreement may be signed using electronic or handwr ignatures. | itten |
| Т | o ensure that you continue receiving our emails, please add adobesign@adobesign.co ddress book or safe list. | m to your |

Clicking the Review and sign" button on the email will open this page for the Individual City/County Grant Application Submittal Signature:



You will need to click the "Continue" button to review the document and the begin the E-Signature process:



Then you will need to click the "Start" button at the bottom of screen:

| 👃 Adobe Acrobat Sign | | | | | | | |
|--|---|---|-----------------------|--|--|--|--|
| Options V VA O/ | AA - Intake Applica | tion Clarke County-2025-IDIC-New-000692 | Next required field 1 | | | | |
| OPIOID ABATEMENT A GRANTS MANAGEMEN | UTHORITY T | Application Name Clarke County-2025-IDIC-New-000692 | | | | | |
| Signature: | | | | | | | |
| I swear or affirm that all information and that I agree that any awards resulti | contained in and att ing from this applicati | ached to this application is true to the best of my knowledge on will follow the OAA's established terms and conditions. | | | | | |
| Contact Person for this Applica | Contact Person for this Application | | | | | | |
| Contact Person Name | Job Title | Office Phone | | | | | |
| Rusty Clarke Grisworld | Lucky | | | | | | |
| Cell Phone | Suffix | Email | | | | | |
| | - | james.moore+lucky@mtxb2b.com | | | | | |
| Start Signature: *Click here to sign | | | | | | | |
| Email: james.moore+lucky@mtxb2t | o.com | | | | | | |
| | | | | | | | |
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| | | ↑ ↓ 16 ⊖ ⊕ ± | X | | | | |
| Language English: US | | | | | | | |

From here you will click the Signature field where it says "Click here to sign" and the following page will appear:

| Adobe Acrobat Sign | | | | | | | |
|----------------------|---|--------------------|----------|---------------------|-------------|---|---------------------|
| Options 🗸 | VA | | Туре | Draw Image Mobile | | Ø | Next required field |
| | OPIOID ABATEMENT GRANTS MANAGEMI | L sign | Туре уог | ur signature | here | | |
| | Signature: | | | | | | |
| | I swear or affirm that all informati and that I agree that any awards resi | | | | | | |
| | Contact Person for this Appli | | | | Close Apply | | |
| | Contact Person Name Rusty Clarke Grisworld | Job Title Lucky | | Office Phone | | | |
| | Cell Phone | Suffix | | Email | | | |
| | - | - | | james.moore+lucky@r | mtxb2b.com | | |
| Next | Signature: Click here to sign | | | | | | |
| | Email: james.moore+lucky@mtxb | 2b.com | | | | | |
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| Language English: US | ~ | | | | | | |

Complete your E-Signature and click the "Apply" button so you can view your signature populated on the document:

| 😕 Adobe | e Acrobat Sign | | | | | (?) - |
|-----------|-----------------------------|---|---|---|---------------|-------------------------------|
| Options 🗸 | | VA OA | A - Intake Application Clarke County- | 2025-IDIC-New-000692 | | 🦻 Required fields completed 🔗 |
| | | OPIOID ABATEMENT AU GRANTS MANAGEMEN | JTHORITY F | Application Name Clarke County-2025-IDIC-New-000692 | | |
| | Signat I swe | ture: ear or affirm that all information | contained in and attached to this applicat | ion is true to the best of my knowledge A's established terms and conditions | | |
| | Contac | t Person for this Applica | tion | | | |
| | Contact | Person Name | lob Title | Office Phone | | |
| | Rusty C | larke Grisworld | | - | | |
| | Coll Pho | | Suffix | Email | | |
| | Cell Fild | Jie | Sullix | iames moore+luch/@mtvh2h.com | | |
| | - Signature: [Email: | Click to change | .com | janes.nooie+iocky@moo20.com | <u>لمر</u> | |
| | | | By signing, I agree to this document, the <u>Consumer</u> signatures. | Disclosure and to utilize electronic | Click to Sign | |

Click on the "Click to Sign" button to complete the process. This page will be displayed and you will receive an email confirmation:

| 🧏 Adobe Acrobst | ③ Sign in |
|--|---|
| Order the signing "VA OAA - Intake Application Carke County-2025-IDIC-New-000692". We will send the final agreement to all parties. You can also download a copy of what you just signed. Image: County-2025-IDIC-New-000692 | <section-header><section-header><text><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></text></section-header></section-header> |
| Copyright © | 2024 Adobe. All rights reserved. / Privacy / Terms of Use / Cookie preferences / Do Not Sell Or Share My Personal Information |

There is no need to sign in to Adobe or to create an account. You can click the "Download" button to get a copy of the document as a PDF or you can find the copy attached to the confirmation email.





COOPERATIVE GRANT APPLICATION PROCESS

This grant type is specific to a Fiscal Agent and one or more Partner Cities and Counties who are part of a Cooperative Grant Application. It lists the Cooperative Grant Applications where your selected City or County is a Partner, this is where you would go to Upload documentation as a file requested by OAA Internal Staff as a part of your Cooperative Grant. If you are a Partner in many Cooperative Grants, you may wish to use the Search with Application Name feature in the upper right hand corner. The table displaying the results will only display matching application names if that feature is used, otherwise all Cooperative Grant Applications with your Locality as a Partner will be displayed.

SELECT A COOPERATIVE PARTNERSHIP GRANT:

The Cooperative Partnership Grant must be in a period where it is available for application, amendment, or renewal. This is indicated by the dates displayed on the Grant Dash?

Navigation:

After the Grant Application loads there will be a number of steps noted below, those steps are listed vertically on the left hand side of the page. At the bottom of the page on the right hand side is a "**Next**" button which will save your information and advance to the next step in the application process. After the initial step there will be another "**Previous**" button that will go back to the previous step, selecting this button will not save any information on the current application step. The "**Next**" button will be replaced by a "**Save & Next**" button with the same functionality. On the bottom left of most pages will be an "**Exit**" button, please note that using this will not save any new information since the last "**Save & Next**". You will not be able to advance to the next step if there are any required fields that have not been completed or filled out.

INSTRUCTIONS:

Please read and review the instructions displayed on the first page of this application.



FISCAL AGENT:

This step is where you must specify a Fiscal Agent for the Cooperative Grant Application. This is the contact information for the person who will complete the application process and provide the requested information on the following steps. You may add a new Fiscal Agent by selecting the "<u>Invite New User</u>" option and providing their contact information so the system can send them an email to login to the portal or you may add any current contact related to your city or county by selecting the "<u>Add Existing Contact</u>" and then select the appropriate person's name to be the Fiscal Agent.

| GRANTS MANAGEN | IENT | | Highland County | | | | |
|-----------------------------|--|--|---|--|--|--|--|
| k to dashboard OAA Coope | erative Partnership Grant - FY2025 I Highland County | 7-2025-COOP-New-000684 | ± Do | | | | |
| tructions | | | | | | | |
| cal Agent | Fiscal Agent | | | | | | |
| ner Contact Information | One of the participating cities or counties must serve a | s the fiscal agent for the cooperative project. The fiscal agent will be respo | onsible for ensuring compliance with both financial and programmatic reporting requirements on be | | | | |
| ect Proposal | cooperative partnership. | | | | | | |
| | City/County Serving as Fiscal Agent | City or County | | | | | |
| let - Personnel nditures | Highland County | County | | | | | |
| et - Operating & Capital | | | | | | | |
| nditures | Address Information | | | | | | |
| et Overview | Physical Address Information | | | | | | |
| ements | *Physical Street Address 1 | Physical Street Address 2 | *City | | | | |
| rmance Measurement | 1223 test | | test | | | | |
| | *State | *Zip/Postal Code | * Country | | | | |
| ctives | Virginia | 65465 | U.S.A | | | | |
| ence Information | Mailing Address Information | | | | | | |
| ature | Same as Physical Address | | | | | | |
| | Mailing Street Address 1 | Mailing Street Address 2 | City | | | | |
| | 1223 test | | test | | | | |
| | State | Zip/Postal Code | Country | | | | |
| | Virginia | 65465 | U.S.A | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Contact Person for Fiscal Agent | | | | | | |
| | (i) This should be someone who can answer | programmatic and financial questions regarding the application and | does not have to be the signer of the application or the city/county executive. | | | | |
| | | | | | | | |
| | *Do you want to add existing contact or want to invite | new user? | | | | | |
| | Add Existing Contact | | | | | | |
| | | | | | | | |
| | | | | | | | |

Add Existing Contact

| Contact Person for Fiscal Agent | | | | | | | |
|---|--------------|------------|-------------|--|--|--|--|
| () This should be someone who can answer programmatic and financial questions regarding the application and does not have to be the signer of the application or the city/county executive. | | | | | | | |
| *Do you want to add existing contact or want to invite new user? | | | | | | | |
| *Name | | | | | | | |
| Select an Option | | | * | | | | |
| * First Name | Middle Name | *Last Name | | | | | |
| | | | | | | | |
| *Job Title | Office Phone | Cell Phone | | | | | |
| | | | | | | | |
| Suffix | * Email | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Exit | | Previous | Save & Next | | | | |
| | | | | | | | |

Invite New User

Contact Person for Fiscal Agent

| ① This should be someone who can answer programmatic and financial questions regarding the application and does not have to be the signer of the application or the city/county executive. | | | | | | | |
|--|--------------|------------|-------------|--|--|--|--|
| Do you want to add existing contact or want to invite new user? Add Existing Contact @ Invite New User | | | | | | | |
| First Name *Last Name | | | | | | | |
| | | | | | | | |
| *Job Title | Office Phone | Cell Phone | | | | | |
| | | | | | | | |
| Suffix | " Email | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Exit | | Previous | Save & Next | | | | |
| | | | | | | | |

PARTNER CONTACT INFORMATIONS:

This is the step where you (or the Fiscal Agent) add Additional Cities and/or Counties to participate in the Cooperative Grant application process. These Partners will need to be able to sign for the allocation of funds and agree to the terms and conditions of the Cooperative agreement. Selecting the "**Add City/County**" button will provide you the opportunity to scroll through the list of Cities and Counties and then select one with the option to choose to "<u>Add Existing Contact</u>" or "<u>Invite New User</u>" similar to the previous step.

| Ĺ | OPIOID ABATEMENT GRANTS MANAGEM | T AUTHORITY ENT | Highland County 🗸 | JamesDEMO MooreDEMO + |
|-------|--|--|--------------------------|-----------------------|
| • | Back to dashboard OAA Coope | rative Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 | | Download Application |
| 0 0 | Instructions Fiscal Agent | Partner Contact Information | | |
| 0 | Partner Contact Information | Asterisk (*) indicates required field | | |
| 0 | Project Proposal | 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 Dev Please add all cities and/or counties involved in the cooperative partnership. | elopmental Services (DBF | IDS) region. |
| 0 | Budget - Personnel Expenditures | + Add City/County | | |
| 0 | Budget - Operating & Capital Expenditures | | | |
| 0 | Budget Overview | Exit | Previous | Save & Next |
| 0 | Agreements | | | |
| Ĭ | Objectives | | | |
| 0 | Reference Information | | | |
| 0 | Signature | | | |

Use the "<u>+ Add City/County</u>" button to add at least one or more City or County partners. A new window will appear with an alphabetical list of of all Cities and Counties on the "*** Name of City/County**" in a picklist. The City or County you choose for a Partner should be in the same Department of Behavioral Health and Developmental Services (DBHDS) region as your current City or County. You must select a City or County to proceed. You will also need to select if you want to "**Add Existing Contact**" or "**Invite New User**".



After you select a City or County for the Partner on the Cooperative Grant Application, you will need to invite an user to login and complete certain tasks on the Cooperative Grant Application. You may add as many new Partners as you have following the process.

"Add Existing Contact" option (select the Existing User's Name from the list):

| Add City/County | | × | | |
|---------------------------------------|------------------------------------|------------|--|--|
| Asterisk (*) indicates required field | | | | |
| *Name Of City/County | | | | |
| Clarke County | ▼ | | | |
| * Do you want to add existing | contact or want to invite new user | ? | | |
| Add Existing Contact | Invite New User | | | |
| *Name | | | | |
| Select an Option | | ▼ | | |
| * First Name | Middle Name | *Last Name | | |
| | | | | |
| *Job Title | Office Phone | Cell Phone | | |
| | | | | |
| Suffix | *Email | | | |
| | | | | |
| | | | | |
| | | Cancel | | |

"Invite New User" option (enter all the required contact field information):

| Add City/County | | | × |
|----------------------------------|-------------------------------|-------------|----|
| Asterisk (*) indicates required | l field | | |
| *Name Of City/County | | | |
| Clarke County | • | | |
| *Do you want to add existing con | tact or want to invite new us | ser? | |
| Add Existing Contact () Invite | te New User | | |
| * First Name | Middle Name | * Last Name | |
| | | | |
| *Job Title | Office Phone | Cell Phone | |
| | | | |
| Suffix | * Email | | |
| | | | |
| | | | |
| | | Cancel | ld |

After you add a new user they will receive email notification when ... and you will see the following screen:

| Ĺ | OPIOID ABATEMENT GRANTS MANAGEM | T AUTHORITY ENT | | Highland County v | JamesDEMO MooreDEMO • |
|------------|---|--|---|---|-----------------------|
| • | Back to dashboard OAA Coope | rative Partnership Grant - FY2025 I Highland Cour | nty-2025-COOP-New-000684 | | Download Application |
| 0-0-0-0-0- | Instructions Fiscal Agent Partner Contact Information Project Proposal Budget - Personnel Expenditures | Partner Contact Inform Ateria: (*) indicates required field This application is for cooperative projects consisting Please add all cities and/or counties involved in the of • Add City/County | of a cooperative partnership between at least two cities and/or counties within the cooperative partnership. | same Department of Behavioral Health and Developmental Services (DB | HDS) region. |
| 0 | Budget - Operating & Capital Expenditures | Clarke County | | | 🖌 Edit 🔋 Delete |
| þ | Budget Overview | Name of City/County | Contact Person Name | Job Title | |
| ò | Agreements | Clarke County | Kent Grisworld | Super | |
| 0 | Performance Measurement | Office Phone | Cell Phone | Email james.moore+super@mtxb2b.com | |
| Ó | Objectives | | | | |
| 0 | Reference Information | | | | |
| 0 | Signature | Exit | | Previous | Save & Next |

If you want to "Edit" or "Delete" a Partner Contact invitation you can use either button to make those changes.

After all Partners have been added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

PROJECT PROPOSAL:

Provide the required information such as the "<u>Project Name</u>" and "<u>Provide a brief</u> <u>narrative description of the proposed project.</u>" You will also need to provide a Contact Person, you may "Add Existing Contact" or "Invite New User", this person will be the primary contact for the Cooperative Grant Application. Finally, provide the requested financial information and describe any other organizations involved in this project.

| ĺ. | OPIOID ABATEM GRANTS MANAG | AENT AUTHORITY GEMENT Highland County • 🕞 James DEMO Moore DEMO • |
|------|--|---|
| 4 | Back to dashboard OAA Co | ooperative Partnership Grant - FY2025 Highland County-2025-COOP-New-000684 ± Download Application |
| 0-0- | Instructions Fiscal Agent | Project Proposal Complete the information below for the project the city or county is requesting to be funded. |
| Ó | Partner Contact Information | Asterisk (*) indicates required field |
| 0 | Project Proposal | Name of Fiscal Agent City of County *Project Name |
| 0 | Budget - Personnel Expenditures | Hightand County |
| 0 | Budget - Operating & Capital Expenditures | Contact Person for this Project |
| 0 | Budget Overview | ① This should be someone who can answer programmatic and financial questions regarding the project and does not have to be the signer of the application, the city/county executive, or the contact person for the application. |
| 9 | Agreements | "Do unu unat lo side aviita o sonted er unat lo indio neu una? |
| ò | Performance Measurement | Add Existing Contact iii Invite New User |
| ò | Objectives | |
| 0 | Reference Information | "Which of the following oriteria does the project meet? A new effort for the agency. |
| Ò | Signature | A proposed supplement or enhancement to a project or effort that is already in place. A combination of enhancing an existing project/effort with new components. |
| | | Provide a brief narrative description of the proposed project. |

| OPIOID ABATEMENT A GRANTS MANAGEMEN | UTHORITY T | Highland County - | JamesDEMO MooreDEMO + |
|--|---|-----------------------------|-------------------------------------|
| ← Back to dashboard OAA Cooperat | ive Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 | | Download Application |
| | What is the total cost of the proposed project? | | |
| | \$0.00 | | |
| | What is the total amount of cooperative project funds requested from the OAA (not including any matching funds)? | | |
| | \$0.00 | | |
| | Amount of any matching funds pledged toward the project: | | |
| | Fund Source Amount | | |
| | No Records Found! | | |
| | "What is the strategy for long-term sustainability once OAA funds are reduced or no longer available? | | |
| | "How was the need determined and how does that need relate to abatement? | | * |
| | Briefly describe 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 understand describing the scope of services may suffice. | ing/agreement. If not fully | // executed, a draft or a narrative |
| | If this project does not include any other organizations, sub-recipients, or contractors, select "Add New" and enter "NA" under organization and description of "Other" as entity type to continue. | role, "\$0.00" under amo | unt of funding and |
| | | 🖌 Edit | Delete + Add New |

| OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | | | Highland County • • JamesDEMO MooreDEMC |
|-------------------------------------|--|--|--|--|
| Back to dashboard OAA Cooperation | ative Partnership Grant - FY2025 I Highland County-2 | 2025-COOP-New-000684 | | 1 Download Applie |
| | "Briefly describe the organization(s), including any sub-re describing the scope of services may suffice. | cipients or contractors (if known) that will be invo | lved in this project. Attach any contracts and/or memoranc | da of understanding/agreement. If not fully executed, a draft or a narrative |
| | If this project does not include any other orga "Other" as entity type to continue. | I description of role, "\$0.00" under amount of funding and | | |
| | | | | 🖌 Edit 🔋 Delete + Add New |
| | Name of Organization | Amount of Funding | Description of Role | Entity Type |
| | | | No Records Found! | |
| | *Describe any specific group(s) of individuals this project | is designed to reach, and how many individuals | are expected to participate each year. |] |
| | *Does this project have components other than opioid-re No. It is 100% related to opioid treatment. Ves, the *Provide a budget narrative for the funding strategy of thi | lated abatement as defined? rre are other substances involved. s project | | |
| | Exit | | | Previous Save & Next |

Once all questions are answered and the required information is provided then you can use the "<u>Save & Next</u>" button to advance the application to the next step.

ALLOW NEWLY ADDED PARTNER ORGANIZATIONS TO A COOP TO BE REMOVED BEFORE FINAL SUBMIT: Applicants can update their Partner Organizations to remove any that were not part of any Awarded application.

You can Add Organizations by selecting the dark blue "+ Add New" button. The following popup will request the required information (you may also select status of Addition, Renewal, or Removal):

| + Back to dashboard VA OAA Cooperativ | Add organization | 200 | ~ | ± Download Application |
|---------------------------------------|---------------------------------|---------------------|--------------------|--|
| | Asterisk (*) indicates required | neid | | and the other Division in which the local division in the local di |
| | Name of Organization | - Amount of Funding | Status | |
| | Enter Name of Organization | 5 | Select Status * | oject. Attach any contracts and/or |
| | *Description of Role | | Addition | y suffice. |
| | Enter Description of Role | | Renewal Removal | " and enter "N/A" under organization |
| | * Entity Type | | | |
| | Select Entity Type | | | 🖌 Edit. 🔳 Delete + Add New |
| | Document Name | | | |
| | Attach Document | | | Entity Type |
| | t Upload Files Or drop | files | | City/County Agency |
| | | | | |
| Th | e list of Partner Orga | nizations is visible belo | ow: | | |
|----|--|---|---|---|----------------|
| í, | OPIOID ABATEMENT. GRANTS MANAGEME | AUTHORITY NT | | Richmond City | - OShash |
| + | Back to dashboard VA OAA Coop | perative Partnership Grant New- 2024 | I Richmond City-2024-COOP-Amend-002214 | 1 | ± Dow |
| ò | Fiscal Agent | Partner Contact I | mormation | | |
| 0 | Partner Contact Information | Asterisk (*) indicates required field | | | |
| 0 | Project Proposal | This application is for cooperative proj Behavioral Health and Developmental | ects consisting of a cooperative partnership between a Services (DRHDS) region. | at least two cities and/or counties within the si | ame Department |
| 0 | Budget - Personnel Expenditures | Please add all cities and/or counties in | wolved in the cooperative partnership. | | |
| 0 | Budget - Operating & Capital Expenditures | | | | |
| 0 | Budget Overview | Albemarle County | * | | / E |
| 0 | Performance Measurement | Name of City/County Albemarle County | Contact Person Name Shashank Agarwal | Job Title CEO | 1 |
| ò | Objectives | Office Phone | Cell Phone | Email | |
| 6 | Reference Information | | | shashank.agarwal+1234@n | ntxb2b.com |

NOTE: If a COOP Application was previously awarded,we can't remove existing partners but can add new partners (see image below - the recently added Partner has a red "Delete" button but the originally awarded Partner does not)..

| OPIOID ABATEMENT A GRANTS MANAGEMEN | UTHORITY T | | Richmond City - O Shasha | nk Agarwal 🔻 |
|--|---|---|---|------------------|
| ← Back to dashboard VA OAA Coope | erative Partnership Grant New- 2024 I | Richmond City-2024-COOP-Amend-002214 | ≛ Down | load Application |
| Budget - Operating & Capital Expenditures | + Add City/County | | | _ |
| Budget Overview | Amelia County | | Edit | elete |
| Performance Measurement | Name of City/County Amelia County | Contact Person Name kapil dev | Job Title mr | 1 |
| Objectives | Office Phone | Cell Phone | Email | |
| Reference Information | (375) 924-7923 | | ashoke.p+43@mtxb2b.com | |
| Signature | | | | |
| | Albemarle County | | / Ec | |
| | Name of City/County Albemarle County | Contact Person Name Shashank Agarwal | Job Title CEO | |
| | Office Phone | 역 100% - + | Email shashank.agarwal+1234@mtxb2b.com | James Mooi |

BUDGET - PERSONNEL EXPENDITURES:

On this page you will provide the budget information for Salaried Staff and Hourly Staff. This information will be used in the calculation of the anticipated amounts of expenditures for Personnel. Note: The Salaried Staff allows you to enter the Benefits amounts but the Hourly staff calculates from the Benefits amounts for you based on a 30% standard. The application will calculate the totals and grand totals using the information.

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|------------------------------------|-------------------------------|--|-----------------|-------------------|-------------|--------------------------|-----------------|-----------------------|-------------------------|--------------------------|-------------------|-----------------------|-------------------------|--------------------------|-----------|-----------------------|-------------------------|--------------------------|-----------|-----------------------|-------------------------|-----------------------|
| ← Back to dashboard | OAA Cooperati | ve Partnership Grant - FY2025 I Highla | and County-202 | 5-COOP | P-New-00068 | 4 | | | | | | | | | | | | | | | | 1 Download Applic |
| Instructions Fiscal Agent | | Budget - Personne | el Expend | ditur | res | | | | | | | | | | | | | | | | | |
| Partner Contact In | formation | Asterisk (*) indicates required field | | | | | | | | | | | | | | | | | | | | |
| Project Proposal | t Proposal New Salaried Staff | | | | | | | | | | | | | | | | | | | 🖌 Edit | Delote | + Add New |
| Budget - Personne Expenditures | | Position Type/Description FY : | | | | FY 2026 | | | | FY 2027 | | | | Y 2028 | | | | FY 2029 | | | | |
| Budget - Operating Expenditures | g & Capital | test salaried | # of FTEs | Salar \$75.000 | ry Bene | fits Total | # of FTEs | Salary \$75.002.00 | Benefits \$25,250.00 | Total \$101,250.00 | # of FTEs | Salary \$75.000.00 | Benefits \$26,250.00 | Total \$101.250.00 | # of FTEs | Salary \$75.000.00 | Benefits \$26,250.00 | Total \$101,250.00 | # of FTEs | Salary \$75.000.00 | Benefits \$26,250.00 | Total \$101,250.00 |
| Budget Overview | | Total Seleried Staff | 1 | N/A | N/A | \$101,250.00 | 1 | N/A | N/A | \$101,250.00 | 1 | N/A | N/A | \$101,250.00 | 1 | N/A | N/A | \$101,250.00 | 1 | N/A | N/A | \$101,250.00 |
| Agreements | | | | | | | | | | | | | | | | | | | | | | |
| Performance Measu Objectives | urement | New Hourly/Wage/Part-time | Staff | | | | | | | | | | | | | | | | | 🖌 Edit | Defete | + Add New |
| Reference informati | ion | Position Type/Description | | FY 2025 | | | | FY | 2026 | | | | FY 2027 | | | | FY 2028 | | | | FY 2029 | |
| Signature | | | # of Wage or PT | \$ Rate | # of Hours | Total (includes FICA) | # of Wage or P1 | S Rate | # of Hours | Total (includes FICA) | # of Wage or | PT \$ Rate | # of Hours | Total (Includes FICA) | # of Wage | or PT \$ Rate | # of Hours | Total (includes FICA) | ∉ of Wa | ge or PT \$1 | Rate # of Hour | FICA) |
| | | Total Houriy/Wage/Part-Time Staff | 1 | \$25.00 | 20 | \$538.25 | 1 | \$25.00 | 20 N/A | 5538.25 | 1 | \$25.00 | 20 N/A | \$538.25 \$538.25 | 1 | \$25.0 | N/A | \$538.25 | 1 | 52 N | 5.00 20 A N/A | \$538.25 |
| | | Grand Total | | | | | | | | | | | | | | | | | | | | |
| | | | | | | d of Pauli | FY 2025 | of Tatel | | FY 20 | 26 Canad Tatal | | E of Field | FY 2027 | of Tabel | | FY 2 | 028 | | a of Pauli | FY 2029 | and Tatal |
| | | Grand Total | | | | 2 | \$101,788.25 | na rótali | 2 | \$10 | 01,788.25 | 2 | r or suff | \$101,788.25 | na rôtali | 2 | \$ | urano rotal | 2 | V of Staff | \$101,788. | 25 |
| | | Exit | | | | | | | | | | | | | | | | Previous | | | Save & N | ext |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

BUDGET - OPERATING & CAPITAL EXPENDITURES:

On this page you will provide the budget information for Operating Expenses and Capital Expenses. This information will be used in the calculation of the anticipated amounts of expenditures for Operating & Capital Expenditures.

Note: Operating Expenses should include any administrative expenses, subrecipients, and contracts. Operating Expenses should not be used to track indirect costs for the recipient city or county. Capital Expenses should only include... get from the client.

| 4 | OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | | | | | | | | | | | | | Highland Cou | nty 🗸 🇿 JamesDEN | MO MooreDEMO 👻 |
|---------|---|--|--------------------------|-------------------------|----------------|--------------------|-----------------------|--------------|------------|---------------|---------------|------------|---------------|----------|--------------|------------------|----------------------|
| • | Back to dashboard OAA Cooper | ative Partnership Grant - FY2025 I Highland County | r-2025-COOP-New-00 | 0684 | | | | | | | | | | | | | Download Application |
| 0-0-0-0 | Instructions Fiscal Agent Partner Contact Information Project Proposal | Budget - Operating & Capital Expenditures Asteriak (1) indicates required field New Operating Expenses | | | | | | | | × 1 | Edit E Deleto | + Add New | | | | | |
| 0 | Budget - Personnel Expenditures | Ham Description | | FY 2025 | | | FY 2026 | | | FY 2027 | | | FY 2028 | | | FY 2029 | |
| 0 | Budget - Operating & Capital Expenditures | | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total |
| J | Budget Overview | Total Operating Expenses | 0 | N'A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 |
| 0 | Agreements | Include any administrative expenses, sub-r | ecipients, and contracts | s. Indirect costs are n | ot allowed for | the recipient city | or county. (click *Ad | d New" to be | gin) | | | | | | | | |
| 0-0- | Performance Measurement Objectives | New Capital Expenses | | | | | | | | | | | | | × 1 | idit Delete | + Add New |
| 9 | Reference Information | | | FY 2025 | | | FY 2026 | | | FY 2027 | | | FY 2028 | | | FY 2029 | |
| ò | Signature | Item Description | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | Ø of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total |
| | | Total Capital Expenses | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | N/A | \$0.00 | 0 | NA | \$0.00 |
| | | Capital expenditures should only include: | | | | | | | | | | | | | | | |
| | | Grand Total | | | | | | | | | | | | | | | |
| | | | | FY 2025 | | | FY 2026 | | | FY 2027 | | | FY 2028 | | | FY 2029 | |
| | | 0 | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total |
| | | Grand Total | NA | NA . | 90.00 | NYA. | N/A | a0.00 | NeA. | RA. | a0.00 | NA . | N/A | 50.00 | nea. | RFA | 90.00 |
| | | Exit | | | | | | | | | | | | Previous | | Save & Next | ¢][|

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

BUDGET OVERVIEW:

On this page you may enter the Revenue anticipated for this Cooperative Grants Application. This must be separated into Non-OAA Matching Funds such as Direct Distributions and into OAA Requested Funding Sources (Cooperative Partnership, Individual Distribution, Gold Standard). The system will calculate the Revenue Grand Totals for your application and it will display the totals from the Expenses.

| GRANTS MANAGEME | ENT | | | | | Highland County - | JamesDEMO Moorel | | |
|---|---|--|---|---|--|--|--|--|--|
| ck to dashboard OAA Coopera | ative Partnership Grant - FY2025 I High | nland County-2025-COOP | -New-000684 | | | | 🛓 Download | | |
| structions | | | | | | | | | |
| iscal Agent | Budget Overview | for the project that locality (Cit | y/County/State Agency) is requestir | ig to be funded. | | | | | |
| artner Contact Information | Asterisk (*) indicates required field | | | | | | | | |
| roject Proposal | Revenue | | | | | | | | |
| udget - Personnel kpenditures | Non-OAA Matching Funds | | | | | 🖌 Edit | Delete + Add N | | |
| udget - Operating & Capital | Please add any Non-OAA matching fund | ds by selecting "Add New". Thi | s can include Direct Distribution Fu | nds received from the Settlement | Administrator. | | | | |
| udget Overview | Non-Q&& Matching Funds | City/County | FY 2025 | FY 2026 | FY 2027 | FY 2028 | FY 2029 | | |
| greements | ron orot matering rando | onyounny | Requested Amount | Proposed Amount | Proposed Amount | Proposed Amount | Proposed Amount | | |
| rformanco Moasuromont | Direct Distribution | Highland County | \$1,000.00 | \$1,000.00 | \$1,000.00 | \$1,000.00 | \$1,000.00 | | |
| mormance measurement | Direct Distribution | Clarke County | \$1,000.00 | \$1,000.00 | \$1,000.00 | \$1,000.00 | \$1,000.00 | | |
| | | | | | | | | | |
| bjectives | Total Non-OAA Funding Sources | | \$2,000.00 | \$2,000.00 | \$2,000.00 | \$2,000.00 | \$2,000.00 | | |
| OPIOID ABATEMENT GRANTS MANAGEME k to dashboard OAA Coopera ference Information | Total Non-OAA Funding Sources AUTHORITY NT ative Partnership Grant - FY2025 High | liand County-2025-COOP | \$2,000.00 -New-000684 | \$2,000.00 | \$2,000.00 | \$2,000.00 Highland County v | \$2,000.00 | | |
| OPIOID ABATEMENT GRANTS MANAGEME k to dashboard OAA Coopere ference Information anature | Total Non-OAA Funding Sources AUTHORITY NT ative Partnership Grant - FY2025 I High OAA Requested Funding Sou Please add any OAA Requested funding | nland County-2025-COOP rces sources (Cooperative Partne | \$2,000.00 -New-000684 rship, Individual Distribution, Gold S | \$2,000.00 | 52,000.00 | \$2,000.00 Highland County • Edit | \$2,000.00 | | |
| OPIOID ABATEMENT GRANTS MANAGEME k to dashboard OAA Coopera vierence information gnature | Total Non-OAA Funding Sources AUTHORITY NT OAA Requested Funding Sou Please add any OAA Requested funding OAA Bequested Funding Sou | Iland County-2025-COOP TCES gources (Cooperative Partne | \$2,000.00 -New-000684 rship, Individual Distribution, Gold \$ FY 2025 | \$2,000.00 Standard) by selecting "Add New" FY 2025 | \$2,000.00 FY 2027 | \$2,000.00 Highland County • Edit FY 2028 | \$2,000 00 | | |
| OPIOID ABATEMENT GRANTS MANAGEME k to dashboard OAA Cooperent Merence Information gnature | Total Non-OAA Funding Sources AUTHORITY NT OAA Requested Funding Sou Please add any OAA Requested funding OAA Requested Funding Sources | Iland County-2025-COOP TCES sources (Cooperative Partne City/County | \$2,000.00 -New-000684 rship, Individual Distribution, Gold \$ FV 2025 Requested Amount | 52,000.00 Standard) by selecting "Add New" FY 2026 Proposed Amount | 52,000.00 FY 2027 Proposed Amount | S2,000.00 Highland County • Edit FY 2028 Proposed Amount | \$2,000.00 | | |
| OPIOID ABATEMENT GRANTS MANAGEME to dashboard OAA Coopera Merence Information gnature | Total Non-OAA Funding Sources AUTHORITY NT OAA Requested Funding Sou Please add any OAA Requested funding OAA Requested Funding Sources OAA Requested Funding Sources Cooperative Partnership (COOP) | Iland County-2025-COOP TCES City/County Highland County | \$2,000.00 -New-000684 -ship, Individual Distribution, Gold \$ FY 2025 Requested Amount \$909,788.25 | S2,000.00 Standard) by selecting "Add New" Proposed Amount S99,788.25 | 52,090.09 FY 2027 Proposed Amount 399,788.25 | 52,000.00 Highland County • I Edit Proposed Amount 899,788.25 | \$2,000.00 | | |
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| A to dashboard OAA Cooper Internet Information gnature | Tetal Non-OAA Funding Sources AUTHORITY NT OAA Requested Funding Sources OAA Requested Funding Sources OAA Requested Funding Sources Revenue Grand Total | Iland County-2025-COOP TCES gources (Cooperative Partne City/County Highland County | \$2,000.00 | 52,000.00 Annotesting "And New" Proposed Annount 599.788.25 599.788.25 | 52,000.00 FY 2027 FY 2027 FY 2027 FY 2027 509.788 25 509.788 25 509.788 509.788 25 509.788 25 509.788 25 509.788 25 509.788 2 | 52,000.00 Highland County • Edit FY 2028 S99,788.25 FY 2028 FY 2028 | 12,000.00 | | |
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are prefilled from the Budget Expenditure sections, to edit select Previous and edit in the appropriate section. Exper

| Total Expenses | \$101,788.25 | \$101,788.25 | \$101,788.25 | \$101,788.25 | \$101,788.25 |
|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|
| Personnel-related | \$101,788.25 | \$101,788.25 | \$101,788.25 | \$101,788.25 | \$101,788.25 |
| Evhalises | Requested Amount | Proposed Amount | Proposed Amount | Proposed Amount | Proposed Amount |
| Evanaa | FY 2025 | FY 2026 | FY 2027 | FY 2028 | FY 2029 |

Total Requested Amount from the OAA

| dashboard OAA Coop | perative Partnership Grant - FY2025 I Highland Count | y-2025-COOP-New-000684 | | | | 1 Downlo |
|--------------------|--|--|---|--|---|---|
| | Revenue Grand Total | | | | | |
| | | FY 2025 | FY 2026 | FY 2027 | FY 2028 | FY 2029 |
| | | Requested Amount | Proposed Amount | Proposed Amount | Proposed Amount | Proposed Amount |
| | Revenue Grand Total | \$101,788.25 | \$101,788.25 | \$101,788.25 | \$101,788.25 | \$101,788.25 |
| | Expenses Expenses are prefiled from the Budget Expenditure so Expenses | ections, to edit select Previous and edit in the appropria FY 2025 Requested Amount | FY 2026 Proposed Amount | FY 2027 Proposed Amount | FY 2028 Proposed Amount | FY 2029 Proposed Amount |
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Please note you will be presented with this error message: "Total Requested Amount must be the exact match of the Total OAA Requested Funding Source." If you see this result you may need to make some adjustments to either your Expenses or your Revenues when both are equal the error message will no longer be displayed. See sample of error message below:

```
⊘ Total Requested Amount must be the exact match of the Total OAA Requested Funding Source.
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AGREEMENTS:

On this page, the listed partners in the Cooperative Partnership Agreement must be sent a copy of the Grant Application for their review and approval.

| Ĺ | OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | Highland County - | JamesDEMO MooreDEMO + |
|--|---|--|--|---|
| • | Back to dashboard OAA Coopera | tive Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 | | Download Application |
| 0- | Instructions Fiscal Agent Partner Contact Information Project Proposal Budget - Personnel Expenditures Budget - Operating & Capital Expenditures Budget Overview Agreements | Agreements Asterisk (*) Indicates required field Coordination of the cooperative Partnership Agreement must be e-signed by each partner city/county executive or designee before continuing your application. 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 select SAMPLE agreement is available here. This agreement is needed to apply. Attach a copy of the cooperative partnership agreement is needed to apply. Attach a copy of the cooperative partnership agreement is needed to apply. Attach a copy of the cooperative partnership agreement is needed to apply. I dra up participating city and/or county elects to allocate a portion of its Direct Distributions and/or Individual Distributions from the OAA to this regional project, the Cooperative Partnership agreement is only needed if the project is awarded. | cted as fiscal agent for the inership Agreement should he fiscal agent will implem | cooperative project. A I clearly document the ent and manage the project. |
| þ | Performance Measurement | Highland County Mew | | Edit |
| 0 | Objectives Reference Information | Name of City/County Contact Person Name Email Highland County | | |
| ò | Signature | | | |
| | | Clarke County New | | 🖌 Edit |
| | | Name of ChylCounty Contact Person Name Email Clarke County | | |
| | | Preview Agreement Send Agreement for E-Signatures | | |

Cooperative Partnership Agreement must be e-signed by each partner city/county executive or designee before continuing your application. The "Preview Agreement" button allows you to review the Agreement before submitting for signature. It will open in a new window or tab as a PDF and will include the amounts pledged per partner for each Distribution type or Fund. You will need to specify the contact information for each person signing the agreement. Please use the "Edit" button to update the information requested. After you use the "Edit" button a new window will pop-up asking you to specify if the person signing for that City or County - you must select if you want that person to be an "Add Existing Contact" or if you want that person to be a "Invite New User".

| Asterisk (*) indicates required field | | |
|---|--|--|
| (i) Cooperative Partnership Agree | ement must be e-signed by each partner city/county executive or designee before continuing your ap | pplication. |
| Attach a copy of the cooperative partn SAMPLE agreement is available here. i. If any participating city and/or county commitment separately for each func ii. If the project is selected for an awar: | Edit City/County Asterisk (*) Indicates required field Name of City/County | the city or county selected as fiscal agent for the cooperative project. A |
| This agreement is only needed if the Highland County Name of City/County Highland County | Highland County The person being entered for each city/county should have signing authority. * Do you want to add existing contact or want to invite new user? Add Existing Contact I Invite New User | ✓ Edit Email |
| Clarke County New New | Cancel Add | ✓ Edit |
| Clarke County | Proview Agreement Send Agreement for E-Signatu | rres |
| Please add all Contact Person | Name before proceeding further. | |

In either case, you will need to verify their contact information but Inviting a new user will also cause the system to send an email requesting they create a new password for their user account.

Add Existing Contact will provide a list with the allowed Contact Names:

| | | | | × | |
|---|--|--|------------------------------|-----|---|
| (i) Cooperative Partnership Ag | Asterisk (*) indicates require | d field | | | m. |
| L | Name of City/County | | | | |
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| i. If any participating city and/or county commitment separately for each fund | (i) The person being en | tered for each city/county she | ould have signing authority. | | ct, the Cooperative Partnership Agreement should clearly document the |
| ii. If the project is selected for an awarc This agreement is only needed if the | *Do you want to add existing c Add Existing Contact | ontact or want to invite new use nvite New User | ər? | | w the partnership and the fiscal agent will implement and manage the project. |
| Highland County New | *Contact Name | | | | ∠ Edit |
| Inginana county | Select an Option | | | • | / Lun |
| Name of City/County Highland County | * First Name | Middle Name | * Last Name | | Email |
| | *Job Title | Office Phone | Cell Phone | | |
| Clarke County New | | | | | ✓ Edit |
| Name of City/County Clarke County | Suffix | *Email | | | Email |
| | | | Cancel | Add | |
| Please add all Contact Person N | ame before proceeding furth | er. | | | |

After you select an Existing Contact you can verify their contact information:

| Asterisk (*) indicates required field | Edit City/County | | × | |
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| (i) Cooperative Partnership Ag | Asterisk (*) indicates required | d field | | ən. |
| | Name of City/County | | | |
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| i. If any participating city and/or county commitment separately for each fund | (i) The person being enter | ered for each city/county should have | signing authority. | ct, the Cooperative Partnership Agreement should clearly document the |
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| | Complete this field. | | J | |
| Name of City/County | * First Name | Middle Name | *Last Name | Email |
| Highland County | JamesDEMO | VictorDEMO | MooreDEMO | |
| | | | | |
| | *Job Title | Office Phone | Cell Phone | |
| Clarke County New | TitleDEMO | (916) 999-8888 | | 🖌 Edit |
| | Suffix | * Email | | |
| Name of City/County Clarke County | SuffixDEMO | james.moore+uatdemo@mtxb2 | | Email |
| | | | | |
| | | | Cancel Add | |
| | | | | |
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| Ø Please add all Contact Person | Name before proceeding furthe | r. | | |
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| Agreements | | | | |
| Asterisk (*) indicates required field | | | | |
| notonok () matoaloo requirea nota | | | | |
| (i) Cooperative Partnership Agree | eement must be e-signed by each | n partner city/county executive or desig | gnee before continuing your applicat | ion. |
| | | | | |
| SAMPLE agreement is available here. T | ship agreement between the partic his agreement is needed to apply. | pating cities and/or counties for the proje | ct. The agreement should also designa | te the city or county selected as fiscal agent for the cooperative project. A |
| i. If any participating city and/or county commitment separately for each fund | elects to allocate a portion of its Dire and the amount. | ect Distributions and/or Individual Distribu | tions from the OAA to this regional proj | ect, the Cooperative Partnership Agreement should clearly document the |
| ii. If the project is selected for an award, This agreement is only needed if the p | the partnership will then need to co project is awarded. | omplete an Operational Agreement (samp | le agreement and exhibit) that details h | ow the partnership and the fiscal agent will implement and manage the project. |
| Highland County | | | | ∠ Edit |
| , , , , , , , , , , | | | | |
| Name of City/County | | Contact Person Name | | Email |
| Highland County | | JamesDEMO VictorDEMO Moore | DEMO | james.moore+uatdemo@mtxb2b.com |
| L | | | | |
| Clarke County New | | | | Z Edit |
| | | | | / Luit |
| Name of City/County Clarke County | | Contact Person Name | | Email |
| | | Preview Agreement | Send Agreement for E-Signatures | |

Invite New User appears similar but you must provide all the required contact information before you can proceed.

| reements | Edit City/Coun | ty | : | × |
|--|--|---|-----------------------------|--|
| sk (*) indicates required field | Asterisk (*) indicates r | equired field | | |
| Cooperative Partnership Ag | Name of City/County Clarke County | | | |
| a copy of the cooperative partne | (j) The person be | ng entered for each city/county sho | uld have signing authority. | the city or county selected as fiscal agent for the cooperative project. A |
| participating city and/or county nitment separately for each func | * Do you want to add exi Add Existing Contact | sting contact or want to invite new use invite New User | r? | ct, the Cooperative Partnership Agreement should clearly document the |
| project is selected for an awarc agreement is only needed if the | * First Name | Middle Name | *Last Name | w the partnership and the fiscal agent will implement and manage the project |
| ghland County | *Job Title | Office Phone | Cell Phone | ✓ Edit |
| ne of City/County hland County | Suffix | * Email | | Email james.moore+uatdemo⊛mtxb2b.com |
| rke County | | | Cancel Add | 🖌 Edit |
| ne of City/County ke County | | Contact Person Name | | Email |

| Agreements | Edit City/Count | y | × | |
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| Highland County New | *Job Title | Office Phone | Cell Phone | Z Edit |
| inginana county | Lucky | | | |
| Name of City/County Highland County | Suffix | *Email james.moore+lucky@mtxb2b.cc | | Email james.moore+uatdemo@mtxb2b.com |
| | | | | |
| Clarke County New | | | Cancel Add | 🖌 Edit |
| Name of City/County Clarke County | | Contact Person Name Rusty Clarke Grisworld | | Email james.moore+lucky@mtxb2b.com |
| | | Preview Agreement | Send Agreement for E-Signatures | |

| | ust be e-signed by each partner city/county executive or designee before continui | ing your application. | |
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| ach a copy of the cooperative partnership agree MPLE agreement is available here. This agree | ement between the participating cities and/or counties for the project. The agreement sh ment is needed to apply. | ould also designate the city or county selected as fiscal agent for the coope | rative project. A |
| any participating city and/or county elects to al commitment separately for each fund and the ar | llocate a portion of its Direct Distributions and/or Individual Distributions from the OAA to mount. | this regional project, the Cooperative Partnership Agreement should clear | y document the |
| the project is selected for an award, the partne his agreement is only needed if the project is a | rship will then need to complete an Operational Agreement (sample agreement and exh warded. | nibit) that details how the partnership and the fiscal agent will implement and | d manage the proje |
| Highland County | | | 🖍 Edit |
| Name of City/County Highland County | Contact Person Name JamesDEMO VictorDEMO MooreDEMO | Email james.moore+uatdemo@mtxb2b.com | |
| | | | |
| Clarke County | | | Edit |

After all contacts responsible for signing are entered, you can select the "Send Agreement for E-Signature" button. Each contact person will receive an E-Signature in their email for them to complete and E-Sign.

| ; | OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | Success Successfully sent email for E-Signature. | × | Highland County • | ● JamesDEMO MooreDEMO ▼ |
|-----------------|--|---|---|---|---|--|
| • | Back to dashboard OAA Coopera | ative Partnership Grant - FY2025 I Highland County-20 | 225-COOP-New-000684 | | | Download Application |
| 0-0-0-0-0-0-0-0 | Instructions Fiscal Agent Fiscal Agent Partner Contact Information Project Proposal Budget - Presonnel Expenditures Budget - Operating & Capital Expenditures Budget Overview Agreements | Agreements Asterisk (*) Indicates required field Cooperative Partnership Agreement must be or Attach a copy of the cooperative partnership agreement is AMPLE agreement is available here. This agreement is AMPLE agreement is available here. This agreement is I. If the project is selected for an award, the partnership with is agreement is only needed if the project is awarded. | -signed by each partner city/county executive or designed be stween the participating cities and/or counties for the project. The s needed to apply. portion of its Direct Distributions and/or Individual Distributions n I then need to complete an Operational Agreement (sample agree | fore continuing y agreement should im the OAA to this prent and exhibit) | your application. I also designate the city or county selected as fiscal agent for the c s regional project, the Cooperative Partnership Agreement should e) that details how the partnership and the fiscal agent will implement | cooperative project. A clearly document the nt and manage the project. |
| þ | Performance Measurement | Highland County Pending | | | | Edit |
| 0-0-0 | Objectives Reference Information Signature | Name of City/County Highland County | Contact Person Name JamesDEMO VictorDEMO MooreDEMO | | Emeil james.moore+uatdemo⊛mtxb2b.com | |
| | - g | Clarke County Pending | | | | 🖍 Edit |
| | | Name of City/County Clarke County | Contact Person Name Rusty Clarke Grisworld | | Email james.moore∔lucky@mtxb2b.com | |
| | | | Preview Agreement Send Ag | preement for E-Si | Signatures | |

The email for E-Signature will look like this:



Once all parties have signed there will be another email to the applicant with the copies of the signed agreement.



After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

PERFORMANCE MEASUREMENT:

On this page you will be able to enter your performance measurement goals per Fiscal Year:

| ĺ, | OPIOID ABATEMEN GRANTS MANAGEM | ighland County - 🧿 JamesDEMO | MooreDEMO 👻 | |
|----|--|--|---|--------------------|
| • | Back to dashboard OAA Coope | erative Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 | ± Dor | ownload Applicatio |
| o | Instructions | | | |
| þ | Fiscal Agent | Performance Measurement Enter the applicable measures for this project (number of people projected to participate) under the corresponding fiscal year. At least 1 is required for each year that the project is intending | g to request funding. Additional perform: | iance |
| 0 | Partner Contact Information | measures that are not pre-populated here can be added at the bottom of this page under "Other". Asterisk (*) indicates required field | | |
| | Project Proposal Budget - Personnel | Prevention/Education/Awareness Efforts | | |
| 0 | Expenditures | Position Type/Description FY 25 FY 26 FY 27 | FY 28 FY | Y 29 |
| Ó | Budget - Operating & Capital Expenditures | No. of children, infant to 5 years old, participating in prevention/education programming 0 0 | 0 | 0 |
| Ó | Budget Overview | No. children, elementary school age, participating in prevention/education programming 0 0 | 0 | 0 |
| | Agreements Performance Measurement | No. of children, middle school age, participating in prevention/education programming 0 0 0 | 0 | 0 |
| Ī | Objectives | No. of children, high school age, participating in prevention/education programming 0 0 0 | 0 | 0 |
| 0 | Reference Information | No, adults from the general public participating in prevention/education programming 0 0 0 | 0 | 0 |
| Ò | Signature | | | 0 |
| | | teo, er program enver menen pendepaing in perensen rouxeller programming | | · |

NOTE: Enter the applicable measures for this project (number of people projected to participate) under the corresponding fiscal year. At least 1 is required for each year that the project is intending to request funding. Additional performance measures that are not pre-populated here can be added at the bottom of this page under "Other".

| | DABATEMENT AU IS MANAGEMENT | THORITY | | | | lighland County v | ● JamesDEMO MooreDEMO + |
|---------------------|--------------------------------|--|-------|-------|----------|------------------------------|-------------------------|
| ← Back to dashboard | OAA Cooperative | Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 | | | | | 2 Download Application |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | No. of adults connected to a job / employment | 0 | 0 | 0 | 0 | 0 |
| | | Harm Reduction Efforts | | | | | |
| | | Position Type/Description | FY 25 | FY 26 | FY 27 | FY 28 | FY 29 |
| | | No. of people engaged during harm prevention outreach efforts | 0 | 0 | 0 | 0 | 0 |
| | | No. of Naloxone kits distributed to at-risk individuals | 0 | 0 | 0 | 0 | 0 |
| | | No. of Fentanyl test kits distributed to at-risk individuals | 0 | 0 | 0 | 0 | 0 |
| | | No. of clean syringe exchanges conducted | 0 | 0 | 0 | 0 | 0 |
| | | Reported No. of overdoses reversed | 0 | 0 | 0 | 0 | 0 |
| | | Other - Please Describe | | | | 🖌 Edit | Delete + Add New |
| | | Position Type/Description | | FY | 25 FY 26 | FY 27 | FY 28 FY 29 |
| | | Provide any additional information regarding the measures selected (optional). | | | | | |
| | | Exit | | | | Previous | Save & Next |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

OBJECTIVES:

OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT ← Back to dashboard OAA Cooperative Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 Download Applicatio O Instructions Objectives Fiscal Agent Asterisk (*) indicates required field O Partner Contact Information Project Proposal At least one objective must be entered. To add a new objective, select 'Add New'. Budget - Personnel Expenditures Objective Edit Delete + Add New Budget - Operating & Capital Expenditures S.No Objective Proposed Start Date Proposed Completion Date Budget Overview Agreements ⊗ O Performance Measurement No Records Found Objectives Beference Information Provide any additional information regarding the objectives entered (optional) Signature Exit Previous

On this page, you will provide at least one Objective to proceed.

Use the "Add New" button to create a new Objective with Proposed Start and Completion Dates:

| Objectives | | | | | | | |
|---|---------------------------------------|---|----------------------------|------|---------------------|--------|----------------------|
| Asterisk (*) indicates required field | | | | | | | |
| At least one objective must be | Add Objective | | | × | | | |
| Objective | Asterisk (*) indicates required field | | | | | / Edit | Delete + Add New |
| S.No Objective | * Objective | | | | Proposed Start Date | Prop | osed Completion Date |
| | * Proposed Start Date | | * Proposed Completion Date | | | | |
| | Select Proposed Start Date | ä | Select Description of Role | ä | | | |
| | | | Cancel | Save | | | |
| Provide any additional information regardin | ng the objectives entered (optional). | | | | | | |
| | | | | | | | |
| Exit | | | | | Previ | ous | Save & Next |

After completing one or more of the Objectives you can advance to the next step of the application:

| Ę | OPIOID ABATEM GRANTS MANAG | ENT AUTHORITY EMENT | Success Successfully created objective. | × | Highland Co | unty • | | |
|-----|--|---|--|---|---------------------|--------------------------|--|--|
| + | Back to dashboard OAA Cooperative Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 Download Application | | | | | | | |
| 0-0 | Instructions Fiscal Agent | Objectives | | | | | | |
| ļ | Partner Contact Information | Asterisk (*) indicates required field | | | | | | |
| 0 | Project Proposal | (i) At least one objective must be enter | red. To add a new objective, select 'Add New'. | | | | | |
| 0 | Budget - Personnel Expenditures | Objective | | | | Edit Delete + Add New | | |
| 0 | Budget - Operating & Capital Expenditures | S.No Objective | | | Proposed Start Date | Proposed Completion Date | | |
| 0 | Budget Overview | 1 Help People | | | 8/31/2024 | 9/30/2024 | | |
| 0 | Agreements | Provide any additional information regarding th | e objectives entered (optional). | | | | | |
| 0 | Performance Measurement | | | | | | | |
| 0 | Objectives | Exit | | | Previous | Save & Next | | |
| Ò | Reference Information | | | | | | | |
| Ó | Signature | | | | | | | |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

REFERENCE INFORMATION:

After answering the questions please provide a Weblink or File Upload for the "Yes" answers. The allowed formats for file uploads are .docx, .png, .jpg, .jpeg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 25mb.

| Ĺ | OPIOID ABATEMEN GRANTS MANAGEN | T AUTHORITY EENT | Highland County 🗸 | ● JamesDEMO MooreDEMO ▼ |
|---|--|---|------------------------------|-------------------------|
| • | Back to dashboard OAA Coop | stative Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 | | Download Application |
| 0 | Instructions | | | |
| 0 | Fiscal Agent | Reference Information | | |
| 0 | Partner Contact Information | Asterisk (*) indicates required field | | |
| 0 | Project Proposal | O Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .png, .jpg, .jpg, .jpf, .pdf, .txt, .xt 25mb. | s, .xlsx, .xps and file size | should be less than |
| 0 | Budget - Personnel Expenditures | | | |
| 0 | Budget - Operating & Capital Expenditures | *Is your Project Evidence based? | | |
| 0 | Budget Overview | *Do you have a weblink or do you want to upload a file? Weblink I File Upload | | |
| Ó | Agreements | "Is your Project Evidence Informed? | | |
| 0 | Performance Measurement | Ves No | | |
| 0 | Objectives | *Is your project certified/credentialed by a State or Federal Agency, or other organization? Yes No | | |
| 0 | Reference Information | * Has unur project received and sward(s) and/or recommilion? | | |
| 0 | Signature | raa yoo holeen reentee ary amange anken reeganianii ∑Yes ⊛ No | | |
| | | " Is your project working with an organization with an established record of success? | | |
| | | Ves No | | |
| | | Do you have any additional supporting document? | | |
| | | | | |
| | | Exit | Previous | Save & Next |

Weblink example (use the provided field to enter the full address):

Asterisk (') Indicates required filed Inswer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .png, .jpg, .jpeg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 2smb. Is your Project Evidence based? Is you have a weblink or do you want to upload a file? Weblink Ib Upload

File Upload example (use the "<u>Upload Files</u>" button or drag and drop a file to the box next to it):

Reference Information

Asterisk (*) indicates required field

| Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .png, .jpg, .jpg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 25mb. *Is your Project Evidence based? • Yes No *Do you have a weblink or do you want to upload a file? • Veblink • File Upload *Upload File • Upload File • Upload File • Or drop files Corpute this field. | | |
|---|----------|--|
| * Is your Project Evidence based? • Yes No • Do you have a weblink or do you want to upload a file? • Veblink • File Upload • Upload File • Upload File Corplete His field. Corplete His field. | i | Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .png, .jpg, .jpg, .gif, .pdf, .txt, .xis, .xisx, .xps and file size should be less than 25mb. |
| | * le vou | r Prniart Evidanna hasard? |
| | is you | |
| * Do you have a weblink or do you want to upload a file? Weblink File Upload Upload File Upload File Or drop files Complex this field. | Yes | |
| * Do you have a weblink or do you want to upload a file? Weblink File Upload Upload File Upload File Or drop files Complete this field. | 0 | |
| Weblink • File Upload * Upload File • Or drop files Complete this field. | *Do you | u have a weblink or do you want to upload a file? |
| *Upload File Corplete this field. | Web | |
| * Upload File Upload File Or drop files Complete this field. | 0 1100 | |
| Complete this field. | *Upload | d File |
| Complete this field. | £ | Upload Files Or drop files |
| | Complete | this field. |

Then click the "Done" button:

| 4 | OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY NT | Highland County 🕶 | JamesDEMO MooreDEMO 👻 | | | |
|-----|---|--|---------------------------|-------------------------|--|--|--|
| • | Back to dashbeard OAA Cooperative Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 Download Application | | | | | | |
| 0-0 | Instructions Fiscal Agent | Reference Information | | | | | |
| -0 | Partner Contact Information | Asterisk (*) Indicates required field | | | | | |
| 0 | Project Proposal | O Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are. docx, .pngjpgjpgglf, .pdf, .txt, .xis, .xis | ix, .xps and file size st | ould be less than 25mb. | | | |
| 0 | Budget - Personnel Expenditures | 1s your Project Evidence based? | | | | | |
| 0 | Budget - Operating & Capital Expenditures | Yes No Upload Files × | | | | | |
| 0 | Budget Overview | Weblink @ File Upload Screenshot 2023-08-11 at 1.52.40 *Upload File #182 | | | | | |
| 0 | Agreements | 값 Upload Files Or drop files | | | | | |
| 0 | Performance Measurement | | | | | | |
| 0 | Objectives | ''Is your Project Evidence Informed? ○ Yes ④ No | | | | | |
| 0 | Reference Information | * le unu e present contilierd faradontialad fur a State ar Enderst Assence, or other presentation? | | | | | |
| 0 | Signature | Yes (i) No | | | | | |
| | | *Has your project received any award(s) and/or recognition? Yes (a) No | | | | | |
| | | *Is your project working with an organization with an established record of success? Tes (a) No | | | | | |
| | | Do you have any additional supporting document? ○ Yins ④ No | | | | | |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

SIGNATURE:

On this page, the responsible person must E-sign the application for a grant. NOTE: Signer must be city/ county executive or designee. Once the application has been esigned, the user will need to return to this page to submit the application.

| Ç | OPIOID ABATEMEN GRANTS MANAGEN | TT AUTHORITY Highland County • James DEMO Moore DEMO • | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| + | Back to dashboard OAA Cooperative Partnership Grant - FY2025 I Highland County-2025-COOP-New-000684 Download Application | | | | | | | | |
| 0 | Instructions | | | | | | | | |
| 0 | Fiscal Agent | Signature Signer must be city/ county executive or designee. Once the application has been e-signed, the user will need to return to this page to submit the application. | | | | | | | |
| Ò | Partner Contact Information | Asterisk (*) indicates required field | | | | | | | |
| Ó | Project Proposal | Please click on Download Application button on top to download a copy of the application as a PDF file. | | | | | | | |
| 0 | Budget - Personnel Expenditures | * 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. | | | | | | | |
| 0 | Budget - Operating & Capital Expenditures | Please enter Authorized Official (city/county executive or designee) details and click on "Send for E-Sign and Submit" button. They should receive an email for E-Signature to complete the intake submission. | | | | | | | |
| 0 | Budget Overview | *Do you want to add existing contact or want to invite new user? | | | | | | | |
| 0 | Agreements | Add Existing Contact 🖉 Invite New User | | | | | | | |
| 0 | Performance Measurement | Exit Send for E-Sign and Submit | | | | | | | |
| Ò | Objectives | | | | | | | | |
| 0 | Reference Information | | | | | | | | |
| Ó | Signature | | | | | | | | |

Select the checkbox next to the "<u>I swear or affirm that all information contained in</u> 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."

Then answer the following question: "<u>Do you want to add existing contact or want to</u> <u>invite new user?</u>" and then provide the requested information.

Add Existing Contact (Use the "<u>Search for Authorized Member Contact</u>" list to locate an existing contact)

| Signature | | | | |
|--|---|----------------------------|----------------------|-------------------------------------|
| Signer must be city/ county executive or designee. Once the application has t | been e-signed, the user will need to return to this page to submit the application. | | | |
| Signature by back was | | | | |
| () Please click on Download Application button on top to download | d a copy of the application as a PDF file. | | | |
| * I swear or affirm that all information contained in and attached to this ap conditions. | plication is true to the best of my knowledge and that I agree that any awards res | ulting from this applicati | on will follow the C | AA's established terms & |
| Please enter Authorized Official (city/county executive or design | ee) details and click on "Send for E-Sign and Submit" button. They should | receive an email for E | Signature to con | nplete the intake submission. |
| * Do you want to add existing contact or want to invite new user? | | | | |
| Add Existing Contact Invite New User | | | | |
| * Search for Authorized Member Contact | | | | |
| Select an Option | | | | • |
| Complete this field. | | | | |
| * First Name | Middle Name | *Last Name | | |
| | | | | |
| Job Title | Office Phone | Cell Phone | | |
| | | | | |
| Suffix | * Email | | | |
| | | | | |
| | | | | |
| | | | | |
| Exit | | | Previous | Send for E-Sign and Submit |
| Invite New Lleer (fill in the rea | nuired information). | | | |
| invite New Oser (IIII in the rec | quirea information): | | | |
| Signature | | | | |
| | | | | |
| Signer must be city/ county executive or designee. Once the application has be | en e-signed, the user will need to return to this page to submit the application. | | | |
| Asterisk (*) indicates required field | | | | |
| Please click on Download Application button on top to download | a copy of the application as a PDF file. | | | |
| * I swear or affirm that all information contained in and attached to this appl | ication is true to the best of my knowledge and that I agree that any awards result | ing from this application | will follow the OAA | A's established terms & conditions. |
| (i) Please enter Authorized Official (city/county executive or designed | e) details and click on "Send for E-Sign and Submit" button. They should re | ceive an email for E- S | ignature to comp | lete the intake submission. |
| *Do you want to add existing contact or want to invite new user? Add Existing Contact | | | | |
| * First Name | Middle Name | *Last Name | | |
| | | | | |
| . Job Title | Office Phone | Cell Phone | | |
| | | | | |
| | | | | |
| Suffix | *Email | | | |
| | | | | |
| | | | | |
| Exit | | | Previous | Send for E-Sign and Submit |

After either step is completed then you should use the "<u>Send for E-Sign and Submit</u>" button.

If the Signatures for the previous step "Agreements" were not returned you will see this error message displayed:

| Ç | OPIOID ABATEMENT A GRANTS MANAGEMEN | UTHORITY IT | Error Cannot submit application as | E-Sign status for Coop Agreement is not yet Completed for al | Il partners. | Highland County - | ● JamesDEMO MooreDEMO ▼ | | | | | | | | |
|------|--|---|--|---|-------------------------|-------------------|-------------------------|--|--|--|--|--|--|--|--|
| + | Back to dashboard OAA Cooperat | ive Partnership Grant - FY2025 I Higl | nland County-2025-COOP-New-0 | 00684 | | | Download Application | | | | | | | | |
| -0-0 | Fiscal Agent Partner Contact Information | Signer must be city/ county executive or Asterisk (*) indicates required field | designee. Once the application has b | een e-signed, the user will need to return to this page to subr | nit the application. | | | | | | | | | | |
| 0 | Project Proposal | Please click on Download Ap | plication button on top to download | a copy of the application as a PDF file. | | | | | | | | | | | |
| 0 | Budget - Personnel Expenditures | I swear or affirm that all informatio | I sever 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 & onditions. Please enter Authorized Official (city/county executive or designee) details and click on "Send for E-Sign and Submit" button. They should receive an email for E-Signature to complete the intake submission. | | | | | | | | | | | | |
| 0 | Budget - Operating & Capital Expenditures | Please enter Authorized Offic | | | | | | | | | | | | | |
| Ó | Budget Overview | | | | | | | | | | | | | | |
| 0 | Agreements | *Do you want to add existing contact or Add Existing Contact Invite New | want to invite new user? | | | | | | | | | | | | |
| 6 | Performance Measurement | *Search for Authorized Member Contact | | | | | | | | | | | | | |
| Ĩ | Ohiostiuss | JamesDEMO VictorDEMO MooreDEM | IO SuffixDEMO | | | | Ψ | | | | | | | | |
| ļ | Reference Information | • First Name JamesDEMO | | Middle Name VictorDEMO | *Last Name MooreDEMO | | | | | | | | | | |
| 0 | Signature | *Job Title | | Office Phone | Cell Phone | | | | | | | | | | |
| | | TitleDEMO | | (916) 999-8888 | | | | | | | | | | | |
| | | Suffix | | *Email | | | | | | | | | | | |
| | | SuffixDEMO | | james.moore+uatdemo@mtxb2b.com | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | Exit | | | | Previous Send | d for E-Sign and Submit | | | | | | | | |

After all the Partners have E-Signed their Cooperative Agreements then you can finalize the last step of the submission.

This is what the final submission popup will look like:

| OPIOID ABATEMENT GRANTS MANAGEME | AUTHORITY | | | Highland County v | JamesDEMO MooreDEMO 👻 |
|-------------------------------------|---|---|-------------------------------|------------------------------|---------------------------|
| Back to dashboard OAA Cooper | ative Partnership Grant - FY2025 I Highlan | d County-2025-COOP-New-000684 | | | ± Download Application |
| | Sign at use Some must be only dounty executive or des Asteriak (*) Indicates required field Please click on Download Applici * I swear or affirm that all information we conditions. * I swear or affirm that all information we conditions. * I swear or affirm that all information we conditions. | gnee. Once the application has been e-signed, the user will need to return to this particular on top to download a copy of the application as a PDF file. | pe to submit the application. | on will follow the QAA's - | stabilished terms & |
| Reference Information | JamesDEMO | VictorDEMO | MooreDEMO | | |
| Signature | * Job Title TitleDEMO Suffix SuffixDEMO | Office Phone (016) 999-9585 *Email james.moore+ualdemo@mtxb2b.com | Cell Phone | | |
| | Exit | | | Previous | end for E-Sign and Submit |

Next an email will be sent requesting the E-Signature and the OAA Staff will begin processing the Cooperative Grant application.

The following page will display, allowing you to choose one of two options by selecting either the "<u>Download Application</u>" button (which will download a PDF of the application you submitted or the "<u>Back to Dashboard</u>" button that will return you to the Dashboard.

OAA Staff may send your application to the "<u>Assigned Back</u>" status to allow you to provide the requested information they need to complete your application processing. This is typically done by uploading additional information in the form of one or more files. Please note that all processing on your application will stop when this status is displayed on your application dashboard.

STATE AGENCY GRANT APPLICATION PROCESS

The State Agency Grant is specific to a registered user who represents a State Agency applying for a State Agency Proposal. If your State Agency is eligible to apply for several State Agency Grants, you may wish to use the Search with Application Name feature in the upper right hand corner. The table displaying the results will only display matching application names if that feature is used, otherwise all State Grant Applications will be displayed. Please Note: State Agency Proposals are Competitive and therefore applying for does not imply that it will necessarily be approved by the Grants Committee.

SELECT A STATE AGENCY PROPOSAL:

The State Grant must be in a period where it is available for application, amendment, or renewal. This is indicated by the dates displayed on the Grant Dashboard for New, Renewal and Amend Applications.

| OPIOID ABATEME GRANTS MANAGE | NT AUTHORIT MENT | Y | | | | | | | | | Secretar | y of Health and | Human Resources · | Jamess | State MooreState 🔻 |
|----------------------------------|---|----------------------------------|------------------------------------|------------------------------------|--------------------------------------|----------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|-------|----------|-----------------|-------------------|---------------|--------------------|
| Dashboard Grants Management | Grants | Manag | ement | | | | | | | | | ् Search Gr | ants | | |
| Members Historical Downloads | OAA State | e Agency Pro | oposal - PP2 | 024-2025 | | | | Start Ann | ual Reporting | Apply | | | | | |
| | Fiscal Year 2025 | New App Open Date Due Date | plication 8/1/2024 9/30/2024 | Renewal A Open Date Due Date | pplication 7/28/2024 9/10/2024 | Amend A Open Date Due Date | pplication 7/28/2024 10/10/2024 | Annual R Open Date Due Date | eporting 9/5/2024 9/30/2024 | | | | | | |
| | Due Date 9/30/2024 Due Date 9/10/2024 Due Date 10/10/2024 Due Date 9/30/2024 Purpose The grant is to support the individual city who are working towards prevention of opioids. View Details View Details | | | | | | | | | | | | | | |
| | OAA State | e Agency Pro | oposal - PP20 | 025-2026 | Open | | | | | | | | Start Ann | ual Reporting | Apply |
| | Fiscal Year 2026 | New App Open Date Due Date | plication 8/1/2024 9/30/2024 | Renewal A Open Date Due Date | Application 8/1/2024 9/30/2024 | Amend A Open Date Due Date | pplication 8/1/2024 9/30/2024 | Annual R Open Date Due Date | eporting 8/1/2024 9/30/2024 | | | | | | |
| | Purpose The grant is View Def | to support the inc | dividual city who | are working towa | ards prevention o | of opioids. | | | | | | | | | |
| | 🖬 info@vo | aa.us | | | | | | | | | | | | | |

After you click the "<u>Apply</u>" button this popup will be displayed. If this is your first time applying for that grant you would need to select the Application Type as "<u>New</u>", if you are updating an existing Grant you would need to select the Application Type as "<u>Amendment</u>" and if you are applying for another year for this grant you would need to select "<u>Renew</u>". Please **note**: Based on the dates displayed on the Grants Management page you might not see all those application type options. Also, there is a requirement to provide an Annual Report which is accessed only by selecting the "<u>Start Annual Reporting</u>" button on the Grants Management page for your previously awarded Grant.



Clicking Start after you select "<u>New</u>", "<u>Amendment</u>" or "<u>Renewal</u>" will begin the application process.

Navigation:

After the Grant Application loads there will be a number of steps noted below, those steps are listed vertically on the left hand side of the page. At the bottom of the page on the right hand side is a "**Next**" button which will save your information and advance to the next step in the application process. After the initial step there will be another "**Previous**" button that will go back to the previous step, selecting this button will not save any information on the current application step. The "**Next**" button will be replaced by a "**Save & Next**" button with the same functionality. On the bottom left of most pages will be an "**Exit**" button, please note that using this will not save any new information since the last "**Save & Next**". You will not be able to advance to the next step if there are any required fields that have not been completed or filled out.

INSTRUCTIONS:

Please read and review the instructions displayed on the first page of this application.

| Ę | OPIOID ABATEMEN GRANTS MANAGEI | IT AUTHORITY AENT | Secretary of Health and Human Resources 🗸 | JamesState MooreState • |
|---|--|--|---|---------------------------|
| • | Back to dashboard OAA State | Agency Proposal - PP2024-2025 I Secretary of Health and Human Resources-2025-STAT-New-000693 | | Download Application |
| 0 | Instructions | Instructions | | |
| Ó | Agency Information | This LIUCLIOIIS The Virginia Opioid Abatement Authority's (OAA's) State Agency awards come from the Opioid Abatement Fund. The contents of this proposal are for state agence | ies seeking awards for NEW projects from the OAA | in compliance with the |
| Ó | Project Information | national settlement agreements, Commonwealth's memorandum of understanding (MOU), and Code of Virginia. | or 1 following the close of the performance period | Posisiente must submit |
| þ | Budget - Personnel Expenditures | yearly requests to state agencies have a percommune period or one year with up to tool option an enewal years, responing is on an annual casis and is due revenue yearly requests to renew and/or make any amendments to the next fiscal year's funding. | er i following the close of the periormance period. | neopients must submit |
| 0 | Budget - Operating & Capital Expenditures | Below is a list of terms to consider that will be necessary to complete the proposal. Additional guidance, terms and conditions for the awards, and resources can be Project budget (including matching funds, requesting funds, and expenditures) Project budgetwork and projected start and completion dates | e found on our website. | |
| ò | Budget Overview | Project performance measures (a list to performance measures can be found here) Contract(s)MOU(s) with partners/contractors/subrecipients (or drafts or scopes of work) Comparing and/ense medication hash fair | | |
| ġ | Performance Measurement | Supporting overleaded occumentation web link Supporting overleaded occumentation/web link Supporting documentation if project has received any awards or recognition | | |
| Ó | Objectives | Optional: Any letters of support, articles, or other items that may assist the OAA Grants Committee in making an award decision for this project. | | |
| 0 | Reference Information | For any proposals the OAA determines do not meet the established requirements, the OAA will assist the applicant to revise the proposal to facilitate compliance. OAA does not guarantee any final recommendations or approvals. | Due to the competitive nature of State Agency Awa | irds, assistance from the |
| 0 | Prepare for E-Signature | | | Next |
| | | | | |

AGENCY INFORMATION:

This step is where you must specify a Contact Person for this Agency. This is the contact information for the person who will complete the application process and provide the requested information on the following steps. You may add a new Contact Person by selecting the "<u>Invite New User</u>" option and providing their contact information so the system can send them an email to login to the portal or you may add any current contact related to your city or county by selecting the "<u>Add Existing</u>

<u>Contact</u>" and then select the appropriate person's name to be the Fiscal Agent.

| Ļ | GRANTS MANAGEMENT | JTHORITY F | | Secretary of Health and Human Resources - | JamesState MooreState |
|----------|--|---|---|---|-----------------------|
| + | Back to dashboard OAA State Ager | ncy Proposal - PP2024-2025 I Secretary of Health and Human Resour | ces-2025-STAT-New-000693 | | Download Application |
| 0 | Instructions | | | | |
| 0 | Agency Information | Agency Information Asterisk (*) indicates required field | | | |
| ò | Project Information | Name of Agency | Secretariat | | |
| 0 | Budget - Personnel | Secretary of Health and Human Resources | Health and Human Resources | | |
| 0 | Budget - Operating & Capital Expenditures | Contact Person for this Agency This should be someone who can answer programmatic and finan | cial questions regarding the application and does not have to be the signer | of the application or the agency head. | |
| ò | Budget Overview | | | | |
| 0 | Performance Measurement | *Do you want to add existing contact or want to invite new user? Add Existing Contact Invite New User | | | |
| ò | Objectives | | | | |
| 0 | Reference Information | Exit | | Previous | Save & Next |
| ò | Prepare for E-Signature | | | | |

Add Existing Contact option

| Ĺ | OPIOID ABATEMENT A GRANTS MANAGEMEN | UTHORITY IT | | Secretary of Health and Human Resources • | JamesState MooreState • |
|---------|---|--|---|---|-------------------------|
| • | Back to dashboard OAA State Age | ency Proposal - PP2024-2025 Secretary of Health and Human Resour | ces-2025-STAT-New-000693 | | Download Application |
| 0-0-0-0 | Instructions Agency Information Project Information Budget - Personnel Expenditures | Agency Information Asterisk (*) Indicates required field Name of Agency Secretary of Health and Human Resources Contact Person for this Agency | Secretariat Health and Human Resources | | |
| 0-0-0- | Budget - Operating & Capital Expenditures Budget Overview Performance Measurement | This should be someone who can answer programmatic and finar "Do you want to add existing contact or want to invite new user? Add Existing Contact Invite New User | cial questions regarding the application and does not have to be the signer | of the application or the agency head. | |
| | Objectives | Name JamesState MooreState | | • | |
| 0 | Prepare for E-Signature | First Name JamesState | Middle Name | *Last Name MooreState | |
| | | *Job Title State | Office Phone (888) 777-6543 | Cell Phone | |
| | | Suffx | *Email james.moore+state@mtbb2b.com | Previous | Save & Next |
| | | Exit | | Previous | Save & Next |

Invite New User option

| OPIOID ABATEMEN GRANTS MANAGEN | YT AUTHORITY MENT | | Secretary of Health and Human Resources - | ● JamesState MooreState ▼ |
|--|---|---|---|---------------------------|
| Back to dashboard OAA State | Agency Proposal - PP2024-2025 I Secretary of Health and Human Resou | rces-2025-STAT-New-000693 | | 2 Download Application |
| | | | | |
| Agency Information | Agency Information | | | |
| Project Information | Name of Agency | Secretariat | | |
| Budget - Personnel | Secretary of Health and Human Resources | Health and Human Resources | | |
| Budget - Operating & Capital Expenditures | Contact Person for this Agency ① This should be someone who can answer programmatic and final | ncial questions regarding the application and does not have to be the signe | r of the application or the agency head. | |
| Budget Overview | | | | |
| Performance Measurement | "Do you want to add existing contact or want to invite new user? Add Existing Contact () Invite New User | | | |
| Objectives | * First Name | Middle Name | *Last Name | |
| Reference Information | | | | |
| Prepare for E-Signature | "Job Title | Office Phone | Cell Phone | |
| | Suffix | *Email | | |
| | | | | |
| | | | | |
| | Exit | | Previous | Save & Next |

After the required information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

PROJECT INFORMATIONS:

This is the step where you add Project Information.

You can specify Direct Distribution Information per Fiscal Year and allocate "<u>Amounts</u> <u>Expended towards OAA Projects</u>" and/or "<u>Amounts Expended towards Non-OAA</u> <u>Projects</u>" and/or "<u>Amounts Held in Reserve</u>". Use the checkbox next to the Fiscal Year you want to update and click the "<u>Edit</u>" button or use the "<u>Add New</u>" button to create a new row for a Fiscal Year, then enter the amounts. You could also use the "<u>Delete</u>" button to remove a row.

You can also specify Direct Distribution for Non-OAA Projects by editing the rows by checkbox next to the Project you want to update and click the "<u>Edit</u>" button or use the "<u>Add New</u>" button to create a new row for a Project, then enter the "<u>Amount</u> <u>Allocated/Spent</u>", "<u>Starting Date</u>" / "<u>Ending Date</u>" and a "<u>Brief Description of Project</u>" and also specify "<u>Does the project continue into the next year?</u>" by checking a box.. You could also use the "<u>Delete</u>" button to remove a row.

Next answer the required questions. After the information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

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| GRANTS MANAGEM | NTACHTOKITY Secretary of Health and Humi MENT | n Resources - 🥥 JamesState MooreState - |
| ← Back to dashboard OAA State A | - 3 Agency Proposal - PP2024-2025 I Secretary of Health and Human Resources-2025-STAT-New-000693 | ± Download Application |
| Instructions | | |
| Agency Information | Project Information | |
| Project Information | Complete the information below for the project the city or county is requesting to be funded. | |
| Budget - Personnel | Asterisk (*) indicates required field | |
| Expenditures | *Project Name | |
| Budget - Operating & Capital Expenditures | Enter Project Name | |
| Budget Overview | "Which of the following criteria does the project meet? A new effort for the agency. | |
| | A probable supplement of emancement to a project of entit that is aready in place. A combination of enhancing an existing project/effort with new components. | |
| enormance measurement | * Provide a brief narrative description of the proposed project. | |
| Objectives | Enter lext here | ĥ |
| Reference Information | "Note if this project one-time in nature and if not, describe strategies for long-term sustainability once OAA funds are reduced or no longer available; | |
| Prepare for E-Signature | Enter text here | |
| | | Å |
| | How was the need determined and how does that need relate to abatement? Enter text here | |
| | | h |
| | *Describe any specific group(s) of individuals this project is designed to reach, and how many individuals are expected to participate each year. | |
| | Enter text here | h |
| | 'Does this project have components other than opioid-related abatement as defined? | |
| | No, it is 100% related to opoid treatment. Yes, there are other substances involved. | |
| | Flowbel a budger harraine for the funding strategy of this project. Enter text here | |
| | | |
| OPIOID ABATEMEN | NT AUTHORITY Social and the set that the set the set of | an Basourcas - |
| GRANTS MANAGEM | MENT | |
| Back to dashboard OAA State A | a Agency Proposal - PP2024-2025 I Secretary of Health and Human Resources-2025-STAT-New-000693 | |
| | * Provide a budget narrative for the funding strategy of this project | |
| | Enter text here | 4 |
| | | |
| | *Select the prioritized proposal area(s) related to this project (check all that apply) | |
| | ¹ Select the prioritized proposal area(s) related to this project (check all that apply) Expand, facilitate, or otherwise provide greater mobile treatment and crisis services; Reduce overdose; | |
| | Select the prioritized proposal area(s) related to this project (check all that apph)) Expand, facilitate, or otherwise provide greater mobile treatment and crisis services; Reduce overdoses; Expand access to effective treatments - i) May include Medications for Opioid Use Disorder (MOUD), including programs providing treatment for criminal justice involved individuals; Support people in recovery; - i) May include supports for housing and transportation; | |
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| ← Back to da | ashboard C | OAA State Age | ncy Proposal - PP2024-2025 Secretary of Hea | Ith and Human Resources-2025-STAT-New | 000693 | | Download Application |
| | | | Enter text here | sarfat annanae masia (ini jamai kiakaanin jaanan | no non ano projest monte ano socio en regeneramente. | annan 🖬 sugan annan nags | |
| | | | * Is the geographic focus of this project statewide or | regional? | | | |
| | | | | | | • | |
| | | | *How does the project address equity issues? | | | | |
| | | | Enter text nere | | | | i. |
| | | | * Describe how the project aligns with state and/or fe | ideral mandates/priorities (those issued by the Gove | ernor, General Assembly, Congress, CDC, SAMHSA, | DOJ, etc.) Ex.: How the project aligns with Right He | lp, Right Now. |
| | | | Briefly Describe the organization(s), including sub-re | cipients, contractors, etc. involved in this project. At | tach any contracts. MOUs. MOAs. etc or a draft narr | ative of the scope of services. | |
| | | | | | | Zedit | Delete + Add New |
| | | | Name of Organization | Amount of Funding | Description of Role | Entity Type | |
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| | | | | | No Records Found! | | |
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| | | | Exit | | | Previous | Save & Next |

After the required information is added, you can use the "<u>Save & Next</u>" button to advance the application to the next step.

You are not required to provide at least one organization

BUDGET - PERSONNEL EXPENDITURES:

On this page you will provide the budget information for Salaried Staff and Hourly Staff. This information will be used in the calculation of the anticipated amounts of expenditures for Personnel. Note: The Salaried Staff allows you to enter the Benefits amounts but the Hourly staff calculates from the Benefits amounts for you based on a 30% standard. The application will calculate the totals and grand totals using the information. Use the "Edit", "Delete", "Add New" buttons to update, remove or insert new information.

Budget - Personnel Expenditures

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| Asterisk (*) | indicates required f | reid |

| New Salaried Staff | | | | | | | | | | | | | | | | | | | / Edit | Delete | + Add New |
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| Backley Back Backley | | | PP2024 | P2024-2025 | | | PP2025-2026 | | | | PP2 | 26-2027 | | | PP | 2027-2028 | | | PP20 | 128-2029 | |
| Position Type/Description | | # of FTEs | Salary | Benefits | Total | # of FTEs | Salary | Benefits | Total | # of FTEs | Salary | Ben | efits Total | # of FTE: | s Sala | ry Ben | efits Total | # of FTEs | Salary | Benefit | a Total |
| Total Salaried Staff | | 0 | N/A | N/A | \$0.00 0 | | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 |
| Include any positions proposed | to be directly fu | nded by the | award. (click | "Add New" to | begin) | | | | | | | | | | | | | | | | |
| Vew Hourly/Wage/Part-time Staff + Add Towy | | | | | | | | | | | | | | | | | | | | | |
| | | PP203 | 14-2025 | | | PP2 | 025-2026 | | | | PP2026-20 | 27 | | | PP2 | 027-2028 | | | PP | 2028-2029 | |
| Position Type/Description | # of Wage or PT | \$ Rate | F of Hours Fil | tal (includes CA) | # of Wage or F | T \$ Rate | # of Hours | Total (includes FICA) | # of Wa | ge or PT \$ | Rate # of F | iours Tot FIC | al (includes A) | # of Wage or P1 | \$ Rate | # of Hours | Total (includes FICA) | # of Wage or | PT \$ Rate | # of Hours | Total (includes FICA) |
| Total Hourly/Wage/Part-Time Staff | 0 | N/A I | N/A \$0 | .00 | 0 | N/A | N/A | \$0.00 | 0 | N | A N/A | \$0.0 | 00 | 0 | N/A | N/A | \$0.00 | 0 | N/A | N/A | \$0.00 |
| Include any wage/hourly positic Grand Total | ns proposed to l | be directly f | unded by the a | award. (click */ | Add New" to be | egin) | | | | | | | | | | | | | | | |
| | | | | | PP2024-2025 | | | PP2025 | 5-2026 | | | PP; | 2026-2027 | | | PP2027- | 2028 | | PI | 2028-2029 | |
| | | | | # of Staff | Gra | and Total | | of Staff | Grand | Total | s of | Staff | Grand | Total | # of Sta | di . | Grand Total | 2 | of Staff | Gra | nd Total |
| Grand Total | | | 0 | | \$0.00 | | 0 | \$ | 0.00 | | 0 | | \$0.00 | 0 | r | \$0 | .00 | 0 | | \$0.00 | |
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After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

BUDGET - OPERATING & CAPITAL EXPENDITURES:

On this page you will provide the budget information for Operating Expenses and Capital Expenses. This information will be used in the calculation of the anticipated amounts of expenditures for Operating & Capital Expenditures. The application will calculate the totals and grand totals using the information. Use the "Edit", "Delete", "Add New" buttons to update, remove or insert new information.

Note: Operating Expenses should include any administrative expenses, subrecipients, and contracts. Operating Expenses should not be used to track indirect costs for the recipient city or county. Capital Expenses should only include... get from the client.

| Budget - Operating & Capita Asteriak (') indicates required field New Operating Expenses | al Expend | ditures | | | | | | | | | | | × E | dit Delete | + Add New |
|--|------------|---------------|-------------------|------------|---------------|-----------------|------------|---------------|-----------------|------------|---------------|-----------------|------------|---------------|-----------------|
| Item Description | | PP2024-2025 | | | PP2025-2026 | | | PP2026-2027 | | | PP2027-2028 | | | PP2028-2029 | |
| Total Operating Expenses | # of Units | Cost per Unit | Total \$0.00 | # of Units | Cost per Unit | Total \$0.00 | # of Units | Cost per Unit | Total \$0.00 | # of Units | Cost per Unit | Total \$0.00 | ∉ of Units | Cost per Unit | Total \$0.00 |
| Include any operational expenses (administrative, supplies, rent, maintenance, sub-recipients, contracts, etc.). Indirect costs are not allowed for the recipient agency. (click *Add New* to begin) | | | | | | | | | | | | | | | |
| New Capital Expenses Acts New Capital Expenses | | | | | | | | | | | | | | | |
| Item Description | | PP2024-2025 | | | PP2025-2026 | | | PP2026-2027 | | | PP2027-2028 | | | PP2028-2029 | |
| Total Capital Expenses | # of Units | Cost per Unit | Total \$0.00 0 | # of Units | Cost per Unit | Total \$0.00 | # of Units | Cost per Unit | Total \$0.00 | # of Units | Cost per Unit | Total \$0.00 | # of Units | Cost per Unit | Total \$0.00 |
| Capital expenditures should only include: | | | | | | | | | | | | | | | |
| | | PP2024-2025 | | | PP2025-2026 | | | PP2026-2027 | | | PP2027-2028 | | | PP2028-2029 | |
| | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total | # of Units | Cost per Unit | Total |
| Grand Total | N/A | N/A | \$0.00 | N/A | N/A | \$0.00 | N/A | N/A | \$0.00 | N/A | N/A | \$0.00 | N/A | N/A | \$0.00 |
| Exit | | | | | | | | | | | | Previous | | Save & Nex | |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

BUDGET OVERVIEW:

On this page you may enter the Revenue anticipated for this Individual Grants Application. This must be separated into Non-OAA Matching Funds and into OAA Requested Funding Sources (State Agency). The system will calculate the Revenue Grand Totals for your application and it will display the totals from the Expenses. Use the "Edit" button to update State Agency OAA Request information.

| Budget Overview import have the top pay that have to the pay and that have to that have to the pay and that have to the p | | | | | | | | | | | |
|--|---|---------------------------|--|-----------------|----------|-----------------|--|--|--|--|--|
| Revenue | | | | | | | | | | | |
| Non-OAA Matching Funds | on -OAA Matching Funds | | | | | | | | | | |
| Please enter any matching funds (Direct D I intending to use Direct Distribution as a | Distribution, ether), matching lund, check the box next to Direct Distributions and select Edit. Additional sources may be add | ed as well using Add New. | | | | | | | | | |
| Res Of a Marchine Franks | PV 2025 | PV 2225 | FY 2027 | PY 2008 | | FY 2028 | | | | | |
| narrow manning runn | Perjuested Amount | Prepared Amount | Proposed Amount | Proposed Amount | | Prepased Amount | | | | | |
| Direct Distribution | 81.00 | 80.00 | 80.80 | 81.00 | 80.00 | | | | | | |
| Total Non-OAA Funding Sources | 80.90 | 80.00 | 50.80 | 54.00 | \$0.00 | | | | | | |
| Ma Regional Panaling Sources (* 1987) b of the sum of which all Solution shall all back to the transit base to be transit but a source of solution (* 1987) | | | | | | | | | | | |
| CAA Requested Funding Ecurces | PY 2025 | PY 2325 | FY 2027 | PY 2028 | | FY 2229 | | | | | |
| | Pequested Amount | Proposed Amount | Proposed Amount | Proposed Annual | | Prepased Amount | | | | | |
| Individual Distribution (DIC) | 80.90 | 80.00 | 80.80 | \$6.00 | 80.00 | | | | | | |
| Gold Standard Distribution | \$2.00 | 50.00 | 50.80 | \$1.00 | \$2.00 | | | | | | |
| Tetal OAA Funding Sources | 50.30 | \$0.00 | 90.89 | \$6.00 | 90.00 | | | | | | |
| Revenue Grand Total | | | | | | | | | | | |
| | PT 303 | PY 2829 | FT 3627 | PY 2028 | | PY 3539 | | | | | |
| | Hogunated Amount | Proposed Amount | Proposed Amount | Proposed Amount | | Proposed Amount | | | | | |
| Navanue Grane Little | be 99 | 50.00 | 50.89 | 54.00 | 9.00 | | | | | | |
| Expenses Depenses are prefiled from the Budget Ex | apenditure sections, to with sates! Previous and with in the appropriate section | | pure . | | | Ni Alas | | | | | |
| Expenses | The second second | Proceeding and Proceeding | The second design of the secon | Annual format | | Record America | | | | | |
| Paravenei.asiatat | 84 | 12.0 | 84 | 20 | 92.43 | | | | | | |
| Teleformer | | | | | | | | | | | |
| The Capital | 22.03 | 2.13 | 2.10 | 12.53 | 2.0 | | | | | | |
| Fotal Requested Amount | Total Requested Amount from the OAA | | | | | | | | | | |
| | PY 2028 | PY 2836 | F# 2027 | PY 2008 | | FY 3036 | | | | | |
| | Parporated Amount | Proposed Arount | Proposed Amount | Proposed Americ | | Prepased Amount | | | | | |
| Tetal Requested Amount from the OAA | 12.4 | 12.43 | \$2.43 | 12.40 | \$2.43 | | | | | | |
| Edit | | | | | Previous | Save & Hext | | | | | |

Please note you will be presented with this error message: "Total Requested Amount must be the exact match of the Total OAA Requested Funding Source." If you see this result you may need to make some adjustments to either your Expenses or your Revenues when both are equal the error message will no longer be displayed. See sample of error message below:

| O Total Requested Amount must be the exact match of the Total OAA | A Requested Funding Source. |
|---|-----------------------------|
|---|-----------------------------|

PERFORMANCE MEASUREMENT:

On this page you will be able to enter your performance measurement goals per Fiscal Year (you must enter at least one Performance Measurement for one Fiscal Year):

| Ļ | OPIOID ABATEMENT AU GRANTS MANAGEMEN | JTHORITY F | | Secreta | ry of Health and Human Resources | ✓ ④ JamesState MooreState ▼ | |
|---|--|--|-------------------------------------|-------------------------|---------------------------------------|---|--|
| • | Back to dashboard OAA State Age | ncy Proposal - PP2024-2025 I Secretary of Health and Human Resources-2025-STAT-New-000693 | | | | Download Application | |
| o | Instructions | _ | | | | | |
| 0 | Agency Information | Performance Measurement | | | | | |
| 0 | Project Information | Enter the applicable measures for this project (number of people projected to participate) under the corresponding fisc measures that are not pre-populated here can be added at the bottom of this page under "Other". | cal year. At least 1 is required fo | or each year that the p | roject is intending to request fundin | g. Additional performance | |
| 0 | Budget - Personnel | Asterisk (*) indicates required field | | | | | |
| Ĩ | Expenditures | Prevention/Education/Awareness Efforts | | | | | |
| Ò | Budget - Operating & Capital Expenditures | Position Type/Description | PP2024-2025 | PP2025-2026 | PP2026-2027 PP2027 | 2028 PP2028-2029 | |
| 0 | Budget Overview | No. of children, infant to 5 years old, participating in prevention/education programming | 0 | 0 | 0 | 0 | |
| Ò | Performance Measurement | No. children, elementary school age, participating in prevention/education programming | 0 | 0 | 0 | 0 | |
| ò | Objectives | | | | | | |
| Ģ | Reference Information | No. of children, middle school age, participating in prevention/education programming | 0 | 0 | 0 | 0 | |
| 0 | Prepare for E-Signature | No. of children, high school age, participating in prevention/education programming | 0 | 0 | 0 | 0 | |
| | | No. adults from the general public participating in prevention/education programming | o | 0 | 0 | 0 | |

NOTE: Enter the applicable measures for this project (number of people projected to participate) under the corresponding fiscal year. At least 1 is required for each year that the project is intending to request funding. Additional performance measures that are not pre-populated here can be added at the bottom of this page under "Other".

| | OPIOID # GRANTS | ABATEMENT AU 5 MANAGEMENT | THORITY | | Secreta | ry of Health and Human R | esources 👻 🧕 | JamesState MooreState 👻 |
|-------------|--------------------|------------------------------|--|-------------|-------------|--------------------------|--------------|-------------------------|
| ← Back to d | lashboard | OAA State Ager | cy Proposal - PP2024-2025 I Secretary of Health and Human Resources-2025-STAT | -New-000693 | | | | 2 Download Application |
| | | | No. of adults connected to a job / employment | 0 | 0 | 0 | 0 | 0 |
| | | | Harm Reduction Efforts | | | | | |
| | | | Position Type/Description | PP2024-2025 | PP2025-2026 | PP2026-2027 | PP2027-2028 | PP2028-2029 |
| | | | No. of people engaged during harm prevention outreach efforts | 0 | 0 | 0 | 0 | 0 |
| | | | No. of Naloxone kits distributed to at-risk individuals | 0 | 0 | 0 | 0 | 0 |
| | | | No. of Fentanyl test kits distributed to at-risk individuals | 0 | 0 | 0 | 0 | 0 |
| | | | No. of clean syringe exchanges conducted | 0 | 0 | 0 | 0 | 0 |
| | | | Reported No. of overdoses reversed | 0 | 0 | 0 | 0 | 0 |
| | | | Other - Please Describe | | | | 'Edit 🔋 De | elete + Add New |
| | | | Position Type/Description | PP2024-2025 | PP2025-2026 | PP2026-2027 | PP2027-2028 | PP2028-2029 |
| | | | Provide any additional information regarding the measures selected (optional). | | | | | |
| | | | Exit | | | Previous | | Save & Next |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

OBJECTIVES:

| Ļ | OPIOID ABATEMEN GRANTS MANAGEI | NT AUTHORITY MENT | Secretary of Health and Human Resources + | JamesState MooreState 👻 |
|--------|---|--|---|-------------------------|
| + | Back to dashboard OAA State | Agency Proposal - PP2024-2025 I Secretary of Health and Human Resources-2025-STAT-New-000693 | | 2 Download Application |
| 0-0-0- | Instructions Agency Information Project Information | Objectives Asterisk (') Indicates required field | | |
| 0 | Budget - Personnel Expenditures | ① At least one objective must be entered. To add a new objective, select 'Add New'. | | |
| 0 | Budget - Operating & Capital Expenditures | Objective | 🖍 Edit | elete + Add New |
| 0 | Budget Overview | S.No Objective | Proposed Start Date Proposed C | ompletion Date |
| 0 | Performance Measurement | | | |
| 0 | Objectives | 8 | | |
| Ó | Reference Information | No Becords Found | | |
| Ó | Prepare for E-Signature | | | |
| | | Provide any additional information regarding the objectives entered (optional). | | |
| | | Exit | Previous | Save & Next |

On this page, you will provide at least one Objective to proceed.

Use the "Edit", "Delete", "Add New" buttons to update, remove or insert one or more Objectives with Proposed Start and Completion Dates:

| Objectives | | | | | | | |
|--|--|---|--|------|---------------------|-------|-----------------------|
| Asterisk (*) indicates required field | | | | | | | |
| At least one objective must be Objective | Add Objective | | | × | | Edit | Delete + Add New |
| S.No Objective | Asterisk (*) Indicates required field •Objective Enter Objective | | | | Proposed Start Date | Pro | posed Completion Date |
| | *Proposed Start Date Select Proposed Start Date | ä | * Proposed Completion Date Select Description of Role | 苗 | | | |
| | | | Cancel | Save | | | |
| Provide any additional information regardi | ing the objectives entered (optional). | | | | | | |
| Exit | | | | | Pre | vious | Save & Next |

After completing one or more of the Objectives you can advance to the next step of the application:

| Dbjectives | | |
|---|---------------------|-------------------------------|
| At least one objective must be entered. To add a new objective, select 'Add New'. | | |
| bjective | | Edit Delete + Add New |
| S.No Objective | Proposed Start Date | Proposed Completion Date |
| 1 test 123 | 8/31/2024 | 10/30/2025 |
| rovide any additional information regarding the objectives entered (optional). | Pre | vious Save & Next |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step.

REFERENCE INFORMATION:

After answering the questions please provide a Weblink or File Upload for the "Yes" answers. The allowed formats for file uploads are .docx, .png, .jpg, .jpeg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 25mb.

| OPIOID ABATEMENT A | AUTHORITY Secre | tary of Health and Human Resources • | JamesState MooreState |
|---|--|---|--|
| ← Back to dashboard OAA State Ag | ency Proposal - PP2024-2025 I Secretary of Health and Human Resources-2025-STAT-New-000693 | | Download Application |
| Instructions Agency Information Project Information Budget - Personnel Expenditures Budget - Operating & Capital Expenditures Budget Overview Performance Measurement Objectives Reference Information Prepare for E-Signature | Reference Information Astrick (') Indicates required field Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .pngjpgjpggif, .pdf, 's your Project Evidence based? 's your Project Evidence based? 's your Project Evidence Informed? 's your project exceived entilated by a State or Federal Agency, or other organization? 's your project received any award(s) and/or recognition? 's your project received any award(s) and/or recognition? 's no 's your project working with an organization with an established record of success? 's no | .txt, .xls, .xlsx, .xps and file size ahr | ould be less than 25mb. |
| Reference Information Asteriak (*) indicates required field • Answer the questions below and provide * is your Project Evidence based? • YesNo | Exit | Previous | Save & Next |
| *Do you have a weblink or do you want to upload a Weblink File Upload | 86? | | |
| http://www.lcann.org * Is your Project Evidence Informed? © Yes No * Do you have a weblink or do you want to upload a Vublink @ File Upload * Upload File | 167 | | |
| Upload Files Or drop files 1.5 days now or 2.0 days later.png | | | ± 🔋 |
| * Is your project certified/credentialed by a State or F Yes No | ederal Agency, or other organization? | | |
| "Has your project received any award(s) and/or rece Yes No | agnition? | | |
| * Is your project working with an organization with ar Yes No | esitabilished record of success? | | |
| Do you have any additional supporting document? Yes No | | | |
| Exit | | Previous | Save & Next |

Weblink example (use the provided field to enter the full address):


File Upload example (use the "<u>Upload Files</u>" button or drag and drop a file to the box next to it):

Reference Information

Asterisk (*) indicates required field

| (i) Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .png, .jpg, .jpg, .gif, .pdf, .txt, .xls, .xlsx, .xps and file size should be less than 25mb. | |
|--|--|
| *Is your Project Evidence based? | |
| ● Yes ◯ No | |
| * Do you have a weblink or do you want to upload a file? | |
| Weblink () File Upload | |
| *Upload File | |
| 2. Upload Files Or drop files | |
| Complete this field | |

Then click the "Done" button:

| Reference Information | | |
|--|----------|-------------|
| Asterisk (') indicates required field | | |
| () Answer the questions below and provide supporting information as prompted. The allowed formats for file uploads are .docx, .pngjpgjpggif, .pdf, .txt, .xis, .xis, .xps and file size should be less than 25mb. | | |
| * Is your Project Evidence based? | | |
| © Do polu har a weblink or do you want to upload a file? © Weblink File Upload | | |
| *Weblick http://www.icenn.org | | |
| *Is your Project Evidence Informed? @ Yes O No | | |
| *0o you have a weblink or do you want to upload a file? Weblink | | |
| Change Contract of the second s | | |
| 1.5 days now or 2.0 days later.png 'Is your project certified/ordentialed by a State or Federal Agency, or other organization? Yes @ No | | ± ■ |
| *Has your project received any award(s) and/or recognition? Yes lie No | | |
| * Is your project working with an organization with an established record of success? Yes No | | |
| Do you have any additional supporting document? | | |
| Exit | Previous | Save & Next |
| | | |

After entering the required information is provided then you can use the "<u>Save &</u> <u>Next</u>" button to advance the application to the next step. For an "In Progress", "Draft", or "Submitted" status application you will be able to select a blue button labeled "<u>View Application</u>" that will generate a PDF of your application in a new tab or window for review and download.

PREPARE FOR E-SIGNATURE:

On this page, the responsible person must E-sign the application for a grant. **NOTE**: Signer must be a State Agency person with signatory authority. Once the application has been e-signed, the user will need to return to this page to submit the application.

| Ĺ | OPIOID ABATEMENT A GRANTS MANAGEMEN | UTHORITY T | Secretary of Health and Human Resources + | JamesState MooreState |
|---|--|---|---|--------------------------|
| • | Back to dashboard OAA State Age | ncy Proposal - PP2024-2025 I Secretary of Health and Human Resources-2025-STAT-New-000693 | | |
| 0 | Instructions | December for E. Signature | | |
| Ó | Agency Information | Signature section must be completed by the person designated with signatory authority for the city or county. | | |
| 0 | Project Information | Asterisk (*) indicates required field | | |
| Ô | Budget - Personnel Expenditures | Once finished, select checkboxes and click Save & Finish. All State Agency applications will need to be e-signed on the Project Summary form selection "Sand for E-Sint". Plasse click on Download Application button on too to download a conv of the applications as a PDF file. | which can be found in the "In Progress" tab or | n the dashboard and |
| 0 | Budget - Operating & Capital Expenditures | 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 establi | shed terms & conditions. |
| Ó | Budget Overview | | | |
| Ó | Performance Measurement | Exit | Previous | Save & Finish |
| 0 | Objectives | | | |
| 0 | Reference Information | | | |
| 0 | Prepare for E-Signature | | | |

Select the checkbox next to the "<u>I swear or affirm that all information contained in</u> 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."

The result will look like this:

| OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | Secretary of Health and Human Resources $ullet$ | JamesState MooreState • |
|--|---|-------------------------|
| ⊘ Application is Ready for E-Sign | | |
| Thank you for submitting your application! Your application has been Ready for E-Sign. | | |
| Application Name: Secretary of Health and Human Resources-2025-STAT-New-000693 | | |
| Next Steps | | |
| Please submit all other project applications for your State Agency Proposal and click on Send for E-sign on the dashboard under in Progress tab to send applications. Our team is dedicated to ensuring a thorough and fair review of all applications. You will be notified of the outcome as soon as the review process is complete. If you have any inquiries or need further assistance, please feel free to contact our support team at info@voaa.us. | for E-signature and submit. | |
| Download Application | | |
| | | |
| | | |
| | | |

Invite New User (fill in the required information):

After either step is completed then you should use the "<u>Send for E-Sign and Submit</u>" button.

This is what the final submission popup will look like:

| OPIOID ABATEMENT. GRANTS MANAGEME | AUTHORITY NT | | | Clarke County - 🕢 Rusty Gri | isworld 🛪 |
|--|---|--|-----------------------|---|-----------|
| Back to dashboard OAA Individu | al City/County Distribution Grant - 202 | 5 I Clarke County-2025-IDIC-New-000692 | | * Download | Applicati |
| Contact Information Distribution Information Gold Standard | Signature Signer must be city/ county executive or r Asterisk (*) indicates required field | designee. Once the application has been e-signed; the user will need to return to this page to a Reation button on top to download a copy of the application as a PDF file. | ubmit the application | | |
| Project Proposal Budget - Personnel Expenditures Budget - Operating & Capital Expenditures | 1 swear or affirm that all information Please enter Authorized Offi Do you want to add existing contact o | Send Application for E-Signature and Submit Are you sure you want to send application for E-Signature and Submit? | × | uiling from this application will follow the OAA's established terms & conditio | ins. |
| Budget Overview Performance Measurement | Add Existing Contact Invite Ne Search for Authorized Member Contac Rusty Clarke Grisworld | No | Yes | | |
| Objectives Reference Information | *First Name Rusty | Middle Name Clarke | | *Last Name Grisworld | |
| • Signature | * Job Title Lucky | Office Phone | | Cell Phone | |
| | Suffix Exit | * Email James, moore +kuoky@mbkb2b.com | | Previous Send for E-Sign and Submit | it |

Next an email will be sent requesting the E-Signature and the OAA Staff will begin processing the Individual Grant application.

| OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | Clarke County - | Rusty Grisworld |
|--|-----------------|-----------------|
| | | |
| \oslash Application is Ready for E-Sign | | |
| Thank you for submitting your application! Your application has been received and is currently being processed. We appreciate your interest and will carefully review the information you have provided. | | |
| Application Name: Clarke County-2025-IDIC-New-000692 | | |
| Next Steps | | |
| Please make sure to get the Authorized Official complete their e-signature on application via the email received to complete the intake submission. Please keep this Application Name for your records, as it will be used for any future correspondence regarding your application. Our team is dedicated to ensuring a thorough and fair review of all applications. You will be notified of the outcome as soon as the review process is complete. If you have any inquiries or need further assistance, please feel free to contact our support team at info@voaa.us. | | |
| Download Application | | |

The following page will display, allowing you to choose one of two options by selecting either the "<u>Download Application</u>" button (which will download a PDF of the

application you submitted or the "<u>Back to Dashboard</u>" button that will return you to the Dashboard.

The signed State Agency application will now be in the "Submitted" status.

OAA Staff may send your application to the "<u>Assigned Back</u>" status to allow you to provide the requested information they need to complete your application processing. This is typically done by uploading additional information in the form of one or more files. Please note that all processing on your application will stop when this status is displayed on your application dashboard.

STATE AGENCY SEND FOR E-SIGN:

A single State Agency can apply for more than one project and if that is the case then all related projects for a single agency grant must be submitted at the same time by having the same signatory person specified. This is accomplished by using the "Send of E-Sign" button.

You should be able to click a button under this "<u>In Progress</u>" tile on top right as the "<u>Send for E-Sign</u>" button:

| OPIOID ABATEME GRANTS MANAGE | ENT AUTHORITY EMENT | | Virginia | Community College System |
|--|--|---|--|---------------------------------|
| Dashboard | Dashboard | | | |
| Grants Management Members Historical Downloade | \$0 Amount Awarded | O Applications Awarded | 2 Opportunities Available | O Applications Near Due Date |
| Historical Downloads | Applications | | | |
| | In Progress (1) Submitted (1) Under R | eview (0) Assigned Back (0) Awarded (0) | Closed (0) | |
| | Please click on Send for E-Sign button to send Applications fo | r E-sign. | | Send for E-Sign |
| | Virginia Community College System-2026-STAT- | New-000873 👁 | Ready | For E-Sign |
| | Project Name UAT Test Project Name | Due Date 12/5/2024 | Proposed Amount Awarded Amount \$0.00 \$0.00 | View Application |

This will display the proposals available to be sent in a new screen which allows you to "Select Proposal Performance Periods from the drop down list:

| | OPIOID ABATEMENT AUTHORITY RANTS MANAGEMENT | Virginia Community College System ♥ | TestState TestAgency • |
|--------------|--|-------------------------------------|------------------------|
| ← Back to da | brand | | |
| | Send for E-Sign & Submit | | |
| | Asterisk (*) indicates required field | | |
| | *Select Proposal Performance Period | | |
| | State Agency Proposal Performance Periods 💌 | | |
| | Compilee this field. | | |
| | Agency Information | | |
| | Name of Agency | *Secretariat | |
| | Virginia Community College System | Education | |
| | | | |

After the Performance Period is selected you can select projects by clicking on checkbox along with Priority against each project and then either "<u>Add Existing</u> <u>Contact</u>" for the Signatory or "<u>Invite New User</u>" for the Signatory. The process for adding or inviting contacts is the same throughout this guide. This will complete the initial submission process for all displayed projects in the list. See image below:

| | OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | | | | | | | Virginia Community C | iollege System v | TestState TestAgency |
|-----------|--|---|---|---------------------------------|--|---------|---------|----------------------|-----------------------------|----------------------|
| ← Back to | dashboard | | | | | | | | | |
| | Send for E-Sign & Submit | | | | | | | ± Down | load Summary of | Proposal |
| | Asteriak (*) Indicates required field *Select Proposal Performance Period OAA State Agency Proposal - PP2025-2026 | | | | | | | | | |
| | Agency Information | | | | "Secretariat | | | | | |
| | Virginia Community College System | | | | Education | | | | | |
| | Proposal Summary If the agency is submitting a proposal with multiple projects, then the projects | s must be priority ranked. | | | | | | | | |
| | Name of Project | Application Type | Priority Status | Status | Funding Requested by Performance Period (PP) | | | | | |
| | | | | PP 2026 | PP 2027 | PP 2028 | PP 2029 | PP 2030 | | |
| | UAT Test Project Name | Negar | Select an Option | • Ready For E-Sign | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Total Requested by Performance Period | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Please enter Agency Head or designee details, click Save, then "Do you want to add existing contact or want to invite new user? Add Existing Contact Invite New User | : click on Send Email. They should receive an e | mail for E-Signature and once completed you'll be | able to submit the application. | | | | | | |
| | Cancel | | | | | | | Sent | d for E-Sign and 1 | Submit |

After the Signatory is designated and sent to E-Sign the following screen will appear:

| OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | Virginia Community College System - | TestState TestAgency |
|--|-------------------------------------|----------------------|
| ⊘ Summary of Proposal is Sent for E-Sign | | |
| Thank you for submitting your Summary of Proposal | | |
| State Agency Name: Virginia Community College System | | |
| Next Steps | | |
| Please get your Sommary of Proposal e-sign completed by subforcient signatory. Our term is dedicated be maturing a forwardy and fair review of all applications. You will be notified of the outcome as soon as the review process is complete. If you have my proprietion review fair application can apply them at introl/measure. | | |
| Download Summary of Proposal + Back to Dashboard | | |
| | | |
| | | |
| | | |

Award Package, Appeal, Annual Reporting, and Contingencies

If you receive an Award you will receive a PDF of the Award Package for your review and to retain for your records. If you did not receive an Award for an Individual Grant Application you may be able to appeal that decision (this is a manual process at this time). Note: Cooperative Partnership Grants and State Agency Grants are not able to appeal the Grant Committee's decisions because these are competitive grants. In the case of Awards, there is a requirement for Annual Reporting. Finally, some grants may be awarded but are required to respond to specific requests for Contingencies by providing documentation. Please refer to sections below for more information about each of these topics.

AWARD PACKAGE:

When your application is approved by the Grants Committee for an Award the status will change to "Awarded" and you will be able to review the Award Package. This is what the Dashboard will look like:

| OPIOID ABATEMI GRANTS MANAG | ENT AUTHORITY EMENT | | | Clarke County - (Rusty Grisworld - |
|--|------------------------------------|------------------------------------|---|---|
| Dashboard | Dashboard | | | |
| Grants Management Members | \$2 Amount Awarded | 1 Applications Awarded | 6 Opportunities Available | O Applications Near Due Date |
| Historical Downloads Estimated Funds Look-Up Tool | Applications | | | |
| COOP Partner Dashboard | In Progress (0) Submitted (0) I | Under Review (0) Assigned Back (0) | Awarded (1) Closed (0) | |
| | Clarke County-2025-IDIC-New-000692 | Submitted Date 9/17/2024 | Proposed Amount Awarded Amount \$2.43 \$2.43 | Awarded Package/MOU View documents 👻 |

You can access a copy of the PDF file by downloading it from the site by clicking on the "<u>Award Package/MOU</u>" button. The page shown below will be displayed:

| OPDID AASTAMINT AFTIORTY GAAN'S MAANGANINT | Cate |
|---|--------------|
| ature . | |
| Award Package / MOU | ± Download A |
| Astimis (1) indicates required field | |
| Pease deveload and review ParAward ParkageNOU and reach out is OAA with any queetions. Once reviewed, the Award ParkageNOU can be user If or eligendare below, Award ParkageNOU and reach out is over particular to a set of the award parkage. | |
| Plasar role: Al heres lated below and in the assurd package must be completed and uploaded below the QAA can begin the lands transmission process. | |
| Required Documents | |
| 🕥 The allowed turness for the optionets are about, prog. Jop. gall, part, and, and a like international bar area than Zarah. | |
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| 'Upliad Deciment | |
| 2. Uppad Files Or drop Ses | |
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| 2. Upload Files Or drop Sites | |
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| Uplead Document | |
| 2. Uptool Fites Or drop line | |
| > | |
| Award Package E-Sign | |
| O Please enter Automate Official or designee details and class on Send Theal Button. They should receive an entel for E-Superlane and once comparise jourt be able to submit application. | |
| Chyprocentro and indige contacts much hinde marcan? | |
| O Add Existing Contact 🔿 Index Hose | |
| Egg-Completion Balas | |
| has the second se | |
| | Cancel |
| | |

From the upper right corner you will see a "<u>Download Award Package</u>" button clicking this will download or display a PDF file of the Award Package/MOU.

Below that section are 3 buttons to allow you to Upload Files in order to meet the Required Documents:

- Contract/MOU with partners/contractors/subrecipients
- W-9
- Optional Document (not required)

Finally there is a section where you can enter Authorized Official or designee contact information so they can receive the E-Signature email for the Award Package E-Sign. You will need to select an appropriate response to the question "Do you want to add existing contact or want to invite new user?" by clicking either "Add Existing Contact" or "Invite New User" options.

If you select the "Add Existing Contact" you can select the Name from the drop down list:

| aboard | | | |
|---|---|---|--|
| •Upload Document | | | |
| Sample W-9 Link | | | |
| Optional Document | | | |
| Upload Document | | | |
| Upload Files Or drop files | | | |
| | | | |
| Award Package E-Sign | click on Send Email Button. They should receive an email for E-Signature and once co | ompleted you'll be able to submit application. | |
| Award Package E-Sign Please enter Authorized Official or designee details and of Do you want to add existing contact or want to invite new user? Add Existing Contact invite New User | click on Send Email Button. They should receive an email for E-Signature and once co | ompleted you'll be able to submit application. | |
| Award Package E-Sign Please enter Authorized Official or designee details and of Do you want to add existing contact or want to invite new user? Ø Add Existing Contact invite New User Name Select an Option | click on Send Email Button. They should receive an email for E-Signature and once or | ompleted you'll be able to submit application. | |
| Award Package E-Sign Please enter Authorized Official or designee details and of Do you want to add existing contact or want to invite new user? Add Existing Contact invite New User Name Select an Option 'Frest Name | click on Send Email Button. They should receive an email for E-Signature and once co | ompleted you'll be able to submit application. | |
| Award Package E-Sign Please enter Authorized Official or designee details and of Do you want to add existing contact or want to invite new user? Add Existing Contact invite New User Name Select an Option 'First Name | click on Send Email Button. They should receive an email for E-Signature and once or | "Last Name | |
| Award Package E-Sign Please enter Authorized Official or designed details and of Do you want to add existing contact or want to invite new user? Ame Select an Option 'First Name 'Job Title | click on Send Email Button. They should receive an email for E-Signature and once or | "Last Name Cell Phone | |
| Award Package E-Sign Please enter Authorized Official or designee details and of Do you want to add existing contact or want to invite new user? Add Existing Contact Invite New Use Name Seelect an Option First Name 'Job Title | click on Send Email Button. They should receive an email for E-Signature and once or | Cell Phone | |
| Award Package E-Sign Please enter Authorized Official or designee details and of Do you want to add existing contact or want to invite new user? Add Existing Contact invite New User Name Select an Option First Name Judo Title Judo Title Suffix | click on Send Email Button. They should receive an email for E-Signature and once co | Cell Phone | |
| Award Package E-Sign Please enter Authorized Official or designee details and of Do you want to add existing contact or want to invite new user? Add Existing Contact Invite New Use Name Select an Option First Name Judo Trile Suffix | click on Send Email Button. They should receive an email for E-Signature and once co | completed you'll be able to submit application. | |
| Award Package E-Sign Please enter Authorized Official or designee details and of Do you want to add existing contact or want to invite new user? Add Existing Contact Invite New Use Name Select an Option First Name Judo Title Judo Title Suffix | click on Send Email Button. They should receive an email for E-Signature and once co | completed you'll be able to submit application. | |
| Award Package E-Sign Please enter Authorized Official or designed details and or "Do you want to add existing contact or want to invite new user? Add Existing Contact invite New User "Name Select an Option "First Name Lob Title Suffix E-Sign Competion Status New | click on Send Email Button. They should receive an email for E-Signature and once or Middle Name Office Phone | Cell Phone | |

If you select the "Invite New User" option you will need to provide their contact details:

| | OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | | | Clarke County - 💿 F |
|-------------|--|--|------------|---------------------|
| ← Back to d | lashboard | | | |
| | W-9 *Upload Document | | | |
| | Optional Document Upload Document Upload Files Or drop files | | | |
| | Award Package E-Sign | hey should receive an email for E-Signature and once completed you'll be able to submit applicat | on. | |
| | *Do you want to add existing contact or want to invite new user? Add Existing Contact @ Invite New User | | | |
| | *First Name | Middle Name | *Last Name | |
| | 'Job Title | Office Phone | Cell Phone | |
| | Suffix | 'Email | | |
| | E-Sign Completion Status New | | | Send Email |
| | | | | Cancel Submit |

In either case, you will need to click the "Send Email" button to send the Authorized Official or their designee the E-Sign email.

The E-Sign Completion Status will change from "New" to "Pending". Once the E-Signature is completed, you can select the "Submit" button.

Also, from the Dashboard when the application status is "Awarded" you can use the other two buttons on the screen to "View Documents" or to see any "Contingency Documents" as shown below:

| OPIOID ABATEM GRANTS MANAG | ENT AUTHORITY EMENT | | | | | | | | | Clarke County - | Busty Grisworld + |
|----------------------------------|--|---------------------|------------------|-------------------|---------------------------|-----------------------------|---------------------------|------------------------------|---------|---------------------------------|---|
| Dashboard | Dashboard | | | | | | | | | | |
| Grants Management Members | \$2 Amount Awarded | | | | 1 Applications Awarded | | | 6 Opportunities Available | | O Applications Near Due Date | |
| Estimated Funds Look-Up Tool | Applications | | | | | | | | | | |
| COOP Partner Dashboard | In Progress (0) | Submitted (0) | Under Review (0) | Assigned Back (0) | Awarded (1) | Closed (0) | | | | | |
| | Clarke County-20 Project Name test |)25-IDIC-New-00069; | 2 0 | | : | Submitted Date 3/17/2024 | Proposed Amount \$2.43 | Awarded Amount \$2.43 | Awarded | Awar View Conting | d Package/MOU r documents gency Documents |

View Documents will allow you to select any of the following:

- PDF Copy of the "Award Package/MOU"
- PDF Copy of the "Intake Application"
- PDF Copy of the "Gold Standard Agreement" (only available if you applied for the Gold Standard Incentive as part of the Application process).

| Dashboard | | | | | | | | | | |
|-----------------------|--------------------|---------------------------|-------------------|----------------------|------------------------------|-----------------|---------------------------------|---------|--|---|
| \$2 Amount Awarded | | 1 Applications Awarded | | 6 Opportunities A | 6 Opportunities Available | | O Applications Near Due Date | | | |
| Applications | | | | | | | | | | |
| In Progress (0) | Submitted (0) | Under Review (0) | Assigned Back (0) | Awarded (1) | Closed (0) | | | | | |
| Clarke County-20 | 25-IDIC-New-000692 | 2 0 | | | | | | Awarded | | Award Package/MOU |
| Project Name | | | | 1 | Submitted Date | Proposed Amount | Awarded Amount | | | View documents 🔻 |
| test | | | | | 9/17/2024 | \$2.43 | \$2.43 | | | Cc Intake Application Award Package/MOU |
| | | | | | | | | | | Gold Standard Agreement |

The "Contingency Documents" button will open the following page where you can upload the required documents specific to your application. You may not see all of the required documents displayed. For each document use the "Upload Files" button to provide one or more files. When all have been uploaded you can click the "Submit" document.

| | OPIOID ABATEMENT AITHORITY GRANTS MANAGEMENT | Clarke County - |
|-------------|---|---------------------|
| ← Back to d | hbowd | |
| | Required Documents | |
| | Asteriak (*) indicates required field | |
| | The allowed formats for file uploads are .docx, .png, .jpg, | |
| | *Completion of Operational Agreement | |
| | L Upload Files Or drop files | File Status Pending |
| | | |
| | Competen of Capital Costs Agreement L Upload Files Or drop files | |
| | | File Status Pending |
| | *Documentation securing non-OAA matching funds | |
| | L Upleaf Files Or drop files | |
| | | File Status Pending |
| | *Completion of Progress Reporting Workbook | |
| | Lupload Files Or drop ties | File Status Pending |
| | | |
| | *Acknowledgement of Subsequent year Proposed Amount Lupiose Files Or drop files | |
| | | File Status Pending |
| | | |
| | | Cancel Submit |

APPEALS:

If your Individual distribution application was GC Denied then it will be displayed in the Closed list on the Dashboard. You can use the "<u>Appeal</u>" button to appeal the decision. You can also use the "<u>View Documents</u>" to see a PDF copy of the Intake Application. Not all applications for a grant can be appealed. Cooperative Partnership and State Agency grants not able to be appealed.

Clicking the "<u>Appeal</u>" button will open the following pop-up with a field labeled "<u>Enter</u> <u>optional additional comments to be considered by OAA's Board of Directors</u>." to explain your reason for appealing. You also may use the "<u>Upload Files</u>" button to "<u>Upload Optional Supporting Documentation</u>".

| Dashboard | | | | |
|---|---|------------------------------|---------------------------------|--|
| \$0 Amount Awarded | O Applications Awarded | 6 Opportunities Available | O Applications Near Due Date | |
| Applications | | | | |
| In Progress (0) Submitted (1) Under Review (0) | Assigned Back (0) Awarded (0) Ciosed (1) | | | |
| York County-2025-IDIC-New-000703 © Project Name Test York Project Name ① This application has the option to be appealed to the OAA | Appeal Enter optional additional comments to be considered by OAA's Board of Di Upload Optional Supporting Documentation Upload Files Or drop files | Krectors. | GC Device Appeal Usew documents | |
| | | Cancel Submit | | |

After you submit your Appeal that application's status will be "Under Review". If it is "Appeal in Process" there will be a button "View Appeal" and another button "View Application".

| Dashboard | | | |
|--|--|---|---------------------------------|
| \$0 Amount Awarded | O Applications Awarded | 6 Opportunities Available | O Applications Near Due Date |
| Applications | | | |
| In Progress (0) Submitted (1) Under Review (1) | Assigned Back (0) Awarded (0) Closed (0) | | |
| York County-2025-IDIC-New-000703 ⊛ | | Арри | al In Process View Appeal |
| Project Name Test York Project Name | Submitted Date 9/19/2024 | Proposed Amount Awarded Amount \$16,576.50 \$0.00 | View Application |

The "View Appeal" button will open the following read-only screen when clicked:

| Dashboard | | | | | | | | | | | |
|---|------------------------------|--|--------------------------------------|---------------------|--------------|------------------------------|---|---------------------------------|------------------|---------------------------------|--|
| | \$0 Amount Awarded | | O Applications Awarded | | | 6 Opportunities Available | | O Applications Near Due Date | | | |
| Applications | | | | | | | | | | | |
| In Progress (0) | Submitted (1) | Under Review (1) | Assigned Back (0) | Awarded (0) | Closed (0) | | | | | | |
| In Progress (d) Submitted (1) Under Review (1) York: County-2025-IDIC-New-000703 Project Name Test York Project Name | | View Appeal Optional additional comm test Optional Supporting Doc Appeal Section | ments to be considere sumentation | d by OAA's Board of | f Directors. | | × | Awarded Amount 39.00 | opeal in Process | View Appeat View Application | |
| | | | | | | | | Close | | | |

Clicking the "View Application" button will open a PDF copy of the Application.

ANNUAL REPORTING:

- 1. If the Application Status is "<u>Payment Processed</u>" then the Applicant can start filing the **Annual Report**.
- 2. This is done by selecting the "Grants Management" tab, then locating the white "<u>Start Annual Reporting</u>" button.

Note: If your Grant is eligible for Annual Reporting then the following message pictured below will appear on the Dashboard:

| OPIOID ABATEM GRANTS MANAG | ENT AUTHORITY EMENT | | | Richmond City v | 🙆 Shashank Agarwal 👻 |
|-------------------------------|--|--|--|---|-------------------------------|
| | Dashboard Note Annual Report period is oper Carryforward True-up period | n under the grants management tab for ci is open under the grants management ta | ities and counties for the Fiscal Year ab for cities and counties for the Fisca | 2024 and is due by 2 Il Year 2024 and is d | //1/2025. ue by 1/10/2025. |
| COOP Partner Dashboard | \$24,000 Amount Awarded Applications | O Applications Awarded | 5 Opportunities Available ned Back (0) Awarded (0) | Applica Closed (0) | 0 ations Near Due Date |

This is intended to notify you of the period when you can submit your annual report.

| Virginio of | OPIOID ABATEMENT GRANTS MANAGEM | ſ AUTHORIT ENT | Y | | | | Hig | hland County v | JamesD | EMO MooreDEMO | |
|-------------|------------------------------------|--|-----------------------|---|-----------------------|-------------------------|---|---------------------------|--|--|--|
| :: • | Dashboard Grants Management | OAA Indi | vidual City/C | County Distr | ibution Gra | nt - 2025 🤇 | Dpen | Start An | nual Reporting | Apply | |
| | Members | Fiscal Year New Application | | | Renewal A | Application | Amend Ap | oplication Annual Re | | Reporting | |
| | Historical Downloads | 2025 | Open Date Due Date | 8/1/2024 11/1/2024 | Open Date Due Date | 7/29/2024 10/16/2024 | Open Date Due Date | 7/30/2024 2/1/2025 | Open Date Due Date | 7/28/2024 11/1/2024 | |
| 6 | Estimated Funds Look-Up Tool | Purpose | Onioid Abstams | ant Authority's (C | QAA'a) Individua | Distribution one | t "Cold Stondard | 'Incentive grant | owarda far aitia | o and counties | |
| ## # | COOP Partner Dashboard | come from the and "Gold St understandir | tails | ment Fund. The ve projects from Code of Virginia. | the OAA in com | application and | for cities and cou national settleme | nties applying fo | or awards for citie or awards for Ind Commonwealth | ividual Distribution 's memorandum of | |
| | | ĭnfo@vo | aa.us | | | | | ł | Download Te | rms & Conditions | |

 A new popup window will display and you will need to select your original project name from the picklist and the select the blue "<u>Start Annual Reporting</u>" button.

OAA Individual City/County Distribution Grant - 2025 ×

Asterisk (*) indicates required field

Please select the project and complete the annual reporting for the selected project.



- The steps to complete the Annual Report are very similar to the application you originally completed. The difference is that you would need to provide the following currency field values: "Expended towards OAA Projects", "Expended towards Non-OAA Projects" and "Amounts Held in Reserve" for each Distribution.
- 2. For instance, on the Direct Distribution you will see a popup similar to the one pictured below:

Cancel

Direct Distribution - Edit Budget



Save

Asterisk (*) indicates required field

| Fiscal Year | | * Received Amount |
|---------------------------------|---|-------------------------------------|
| 2025 | • | \$1,000.00 |
| * Expended towards OAA Projects | | * Expended towards Non-OAA Projects |
| \$1,000.00 | | \$0.00 |
| * Amounts Held in Reserve | | |
| \$0.00 | | |
| | | |
| | | |

- 3. The Budget steps may require updating to explain the amounts "Expended" or "Encumbered" per row and type. On the Budget Overview step you will need to enter the Amounts Approved by "Grants Committee Carry Forward" to account if you haven't expended or encumbered funds to match the total.
- 4. Please review the example images below:

| OPIOID ABATEMEN GRANTS MANAGEN | IT AUTHORITY JENT | | | Clarke County - | Rusty Grisworld |
|-------------------------------------|--|-----------------|---------|-----------------|-----------------|
| ← Back to dashboard OAA Individ | dual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 | | | | ± Download Re |
| Distribution Information | Asterisk (*) indicates required field | | | | |
| Budget - Personnel Expenditures | Salaried Staff - FY2025 | | | | |
| Budget - Operating & Capital | Position Type/Description | # of FTEs | Awarded | Expended | Total |
| Budget Overview | test 123 | 1 | 1.35 | 1.35 | 0.00 |
| Performance Measurement | Total Salaried Staff | 1 | \$1.35 | \$1.35 | \$0.00 |
| Objectives Timeline | Wage/Part-Time Staff - FY2025 | | | | |
| Reference Information | Position Type/Description | # of Wage or PT | Awarded | Expended | Total |
| Signature | Test | 1 | 1.08 | 1.08 | 0.00 |
| | Total Wage Staff | 1 | \$1.08 | \$1.08 | \$0.00 |
| | Grand Total - FY2025 | | | | |
| | Position Type/Description | # of Staff | Awarded | Expended | Total |
| | Totals | 2 | \$2.43 | \$2.43 | \$0.00 |
| | Exit | | | Previous | Save & Next |

| OPIOID ABATEMEN GRANTS MANAGEM | T AUTHORITY IENT | | l | Clarke County - Rusty Grisworld - |
|--|---|--|---|---|
| Back to dashboard OAA Individ | dual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 | | | ± Download Rep |
| Instructions Narrative Report Distribution Information Budget - Personnel Expenditures | Budget Overview Complete the budget information below for the project that locality (City/County/State Agency) is requesting to be func Asterisk (*) indicates required field Revenue | led. | | |
| Budget - Operating & Capital Expenditures | Non-OAA Funding Sources | | | |
| Budget Overview | Funding Sources | Pledged | Expended/Encumbered | Balance |
| Objectives Timeline | Direct Distribution | \$0.00 | \$0.00 | \$0.00 |
| Reference Information | Total Non-OAA Funding Sources | \$0.00 | \$0.00 | \$0.00 |
| Signature | OAA Requested Funding Sources | | | |
| | Funding Sources | Pledged | Expended/Encumbered | Balance |
| | Individual Distribution (IDIC) | \$2.43 | \$0.00 | \$2.43 |
| | Gold Standard Diatribution | \$0.00 | \$0.00 | \$0.00 |
| | Total OAA Funding Sources | \$2.43 | \$0.00 | \$2.43 |
| | | | | |
| | | | | |
| OPIOID ABATEMENT | Revenue Grand Total AUTHORITY | | | Clarke County 🗸 🗿 Rusty Grisworld 👻 |
| OPIOID ABATEMENT GRANTS MANAGEME Eack to dashboard OAA Individu | Revenue Grand Total AUTHORITY NT Ial City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 | | | Clarke County ▼ |
| OPIOID ABATEMENT GRANTS MANAGEME Back to dashboard OAA Individu | Revenue Grand Total AUTHORITY INT Ial City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total | | | Clarke County • Rusty Grisworld • |
| OPIOID ABATEMENT GRANTS MANAGEME Sack to dashboard OAA Individu | Revenue Grand Total AUTHORITY NT al City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total | Pledged | Expended/Encumbered | Clarke County |
| OPIOID ABATEMENT GRANTS MANAGEME Back to dashboard OAA Individu | Revenue Grand Total AUTHORITY NT Ial City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total Totals | Pledged \$2.43 | ExpendedEncumbered 50.00 | Clarke County |
| OPIOID ABATEMENT GRANTS MANAGEME Back to dashbourd OAA Individu | Revenue Grand Total AUTHORITY NT all City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total Totats Expenses Expenses | Pledged \$2.43 | Expended/Encumbered 50.00 | Clarke County |
| OPIOID ABATEMENT GRANTS MANAGEME Beck to dashbourd OAA Individu | Bewenue Grand Total AUTHORITY NT al City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total Totals Expenses Expenses | Piedged \$2.43 Piedged | Expended/Encumbered 50.00 Expended/Encumbered | Clarke County |
| OPIOID ABATEMENT GRANTS MANAGEME Back to dashbourd OAA Individu | Bevenue Grand Total AUTHORITY all City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total Totals Totals Expenses Expenses Personnel-related | Piedged \$2.43 Piedged \$2.43 | Expended/Encumbered \$3.00 Expended/Encumbered | Clarke County |
| OPIOID ABATEMENT GRANTS MANAGEME Beck to dashboard OAA Individu | Revenue Grand Total AUTHORITY NT al City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total Totals Expenses Expenses Personnel-related Total Expenses | Piedged \$2.43 Piedged \$2.43 \$2.43 | Expended/Encumbered 50.00 Expended/Encumbered 52.43 52.43 | Clarke County |
| OPIOID ABATEMENT GRANTS MANAGEME Back to dashbourd OAA Individu | | Piedged \$2.43 Piedged \$2.43 \$2.43 \$2.43 | Expended/Encumbered 50.00 Expended/Encumbered 52.43 52.43 | Clarke County V Plusty Grieword Clarke County V Plusty Grieword Clarke County V Balance Balance 50.00 50.09 |
| OPIOID ABATEMENT GRANTS MANAGEME Beck to dashbourd OAA Individu | Revenue Grand Total AUTHORITY NT al City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total Totals Expenses Expenses Personnel-rolated Total Expenses Expenses Expenses Expenses Expenses Expenses Expenses Expenses Expenses | Piedged \$2.43 Piedged \$2.43 \$2.43 \$2.43 | Expended/Encumbered 50.00 Expended/Encumbered 52.43 52.43 | Clarke County |
| OPIOID ABATEMENT GRANTS MANAGEME Beck to dashbourd OAA Individu | Balerone Grand Total AUTHORITY all City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total Totals Expenses Expenses Personnet-related Carry-forward Amounts Expenses Average Balance Available for Carry Forward | Piedged \$2.43 Piedged \$2.43 \$2.43 \$2.43 | Expended/Encumbered 50.00 Expended/Encumbered 52.43 52.43 | Clarke County |
| OPIOID ABATEMENT GRANTS MANAGEME Bock to dashbourd OAA Individu | Betweenue Grand Total AUTHORITY all City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 Revenue Grand Total Totals Expenses Expenses Personnei-related Carry-forward Amounts Expenses Amount Approved by Grants Committee for Carry Forward | Pledged \$2.43 Plodged \$2.43 \$2.43 \$2.43 | Expended/Encumbered 5000 Expended/Encumbered 52.43 52.43 | Clarke County Rusty Griswood |

5. The next step is to update the Performance Measures. Please note that only previously selected Performance Measures will be displayed - see image below:

| Ļ | OPIOID ABATEMENT GRANTS MANAGEM | ' AUTHORITY ENT | l | Clarke County - O Rusty Grisworld - |
|----------|--|---|-------------------------------------|-------------------------------------|
| • | Back to dashboard OAA Individ | ual City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 | | 🛓 Download Repo |
| 0-0-0-0- | Instructions Narrative Report Distribution Information Budget - Personnel Expenditures | Performance Measurement Enter the actual FY2025 performance measures achieved for the 7/1/2024-8/30/2025 performance period. In the comment section, provide an explanation on any dis Asterisk (*) indicates required field Harm Reduction Efforts | screpancies between the approved ar | d the actual performance measures. |
| 0 | Budget - Operating & Capital Expenditures | Position Type/Description FY2025 Awarded | FY2025 Actuals | Comments |
| 0 | Budget Overview | Reported No. of overdoses reversed | 1 | le le |
| 0 | Performance Measurement | Other - Please Describe | | Edit Delete + Add New |
| 0 | Reference Information | Position Type/Description PV2025 Awarded | FY2025 Actuals | Comments |
| 0 | Signature | Provide any additional information regarding the measures selected (optional). | | |
| | | Exit | Previous | Save & Next |

6. After that step there will be an opportunity to provide updates on the objectives previously defined during the original application.

| K | OPIOID ABATEMENT AU GRANTS MANAGEMENT | JTHORITY F | | | | Clarke County - |
|----------|--|--|---------------------|--------------------------|---------------------------|--------------------------------|
| • | Back to dashboard OAA Individual | City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000 | 1872 | | | ± Download Repor |
| 0-0-0-0- | Instructions Narrative Report Distribution Information Budget - Personnel Expenditures | Objectives Timeline Complete the information below for the project the city or county is requesting to be funded. Asterisk (*) indicates required field Objective | | | | |
| 0 | Budget - Operating & Capital Expenditures | Objective | Proposed Start Date | Proposed Completion Date | Actual/Revised Start Date | Actual/Revised Completion Date |
| 0 | Budget Overview | test 123 | 8/31/2024 | 10/30/2025 | MM/DD/YYYY | MM/DD/YYYY 👸 |
| 0 | Performance Measurement | Provide any additional information regarding the objectives entered (optional). | | | | |
| 0 | Objectives Timeline | | | | | |
| þ | Reference Information | | | | | |
| 0 | Signature | Exit | | | Previous | Save & Next |

7. The final step before signature will be where you can "Upload a detailed expenditure report" as a Weblink or as a File Upload and you can optionally provide additional supporting documentation - see image below:

| Ļ | OPIOID ABATEMENT AU GRANTS MANAGEMENT | THORITY : | Clarke County - | Rusty Grisworld • |
|---|--|---|----------------------------|-------------------|
| ÷ | Back to dashboard OAA Individual | City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-Annual Reporting-000872 | | ▲ Download Report |
| o | Instructions | - · · · · | | |
| 0 | Narrative Report | Reference Information | | |
| 0 | Distribution Information | Asterisk (') indicates required field | | |
| 0 | Budget - Personnel Expenditures | O Complete the items below. The allowed formats for file uploads are .docx, .pngjpg., .jpg., .jpf, .pdf, .txt, .xts, .xts, .xts, .xps and file size should be less than 25mb. | | |
| 0 | Budget - Operating & Capital Expenditures | * Upload detailed expenditure report | | |
| 0 | Budget Overview | Do you have any additional supporting documentation to upload (optional)? | | |
| 0 | Performance Measurement | C Yes C No | | |
| Ô | Objectives Timeline | | | |
| 0 | Reference Information | Exit | bus | Save & Next |
| 0 | Signature | | | |

Page 163

8. Then you can move to the step defining the contact who will complete the Esignature with the option to "Add Existing Contact" or "Invite New User" as the signatory - see image below:

| Ĺ | OPIOID ABATEMENT A GRANTS MANAGEMEN | AUTHORITY VT | | | Clarke County 🗸 | Rusty Grisworld • |
|---|--|--|---|--------------------------------------|---------------------|-------------------|
| • | Back to dashboard OAA Individua | al City/County Distribution Grant - 2025 I Clarke County-2025-IDIC-An | nual Reporting-000872 | | | ± Download Report |
| 0 | Instructions | | | | | |
| 0 | Narrative Report | Signature | authority for the city or county | | | |
| 0 | Distribution Information | Asterisk (*) indicates required field | autony for the ony of county. | | | |
| 0 | Budget - Personnel Expenditures | Please click on the Download Report button on top to download a | a copy of the report as a PDF file. | | | |
| 0 | Budget - Operating & Capital Expenditures | I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in and attached to this report I swear or affirm that all information contained in a swear or a swear | ort is true to the best of my knowledge and this award has been carried out in co | mpliance with the OAA's Terms and C | Conditions. | |
| 0 | Budget Overview | Please enter Authorized Official (city/county executive or designed) | ee) details and click on "Send for E-Sign and Submit" button. They should | receive an email for E- Signature to | complete the intake | submission. |
| Ó | Performance Measurement | *Do you want to add existing contact or want to invite new user? | | | | |
| 0 | Objectives Timeline | Add Existing Contact Invite New User | | | | |
| 0 | Reference Information | Rusty Clarke Grisworld | | | | - |
| Ó | Signature | * First Name | Middle Name | *Last Name | | |
| | | Rusty | Clarke | Grisworld | | |
| | | *Job Title | Office Phone | Cell Phone | | |
| | | Lucky | | | | |
| | | Suffix | *Email | | | |
| | | | james.moore+lucky@mtxb2b.com | | | |
| | | Exit | | Previous | Send for E-S | ign and Submit |

- 9. Once the Applicant user clicks on the "Send Email and Submit" button there will be a confirmation screen with Yes or No options.
- 10. If you answerYes, The system will generate a PDF of the entire Annual Report including all the sections in pdf format should be sent to the given email (mentioned in the Email field) the following page will appear:

| OPIOID ABATEMENT AUTHORITY GRANTS MANAGEMENT | Clarke County v | Rusty Grisworld • |
|---|----------------------------|-------------------|
| ∅ Annual Report is Ready for E-Sign | | |
| Thank you for submitting your Annual Report! Your annual report has been received and is currently being processed. We appreciate your interest and will carefully review the information you have provided. Annual Report Name: Clarke County-2025-IDIC-Annual Reporting-000872 | | |
| Next Steps • Please make sure to get the Authorized Official complete their e-signature on annual report via the email received to complete the annual report submission. • Please keep this Annual Report Name for your records, as it will be used for any future correspondence regarding your annual report. • Our team is dedicated to examing a thorough and fair review of all annual report. You will be notified of the outcome as soon as the review process is complete. • It you have any inquiries or need further assistance, please feel free to contact our support team at info@voaa.us. | | |

- 11. The E-Sign Completion Status should display Pending in that scenario.
- 12. When Authorised member clicks on the pdf, the member should be able to put the e-sign using the E-signature functionality at the specified places in the pdf.

- 13. Once the Authorised Member completed the signature, then the E-Sign Completion status should automatically changed to Completed.
- 14. The signed Annual Report should be attached to the Application Record.
- 15. All the following places should display the signed Award Package in pdf format and available for download:
 - * Applicant Portal (Annual Reporting Tab)
 - * Historical Downloads
 - * Internal Portal (OAA User)/Application Record
 - * Dashboard-Closed tab- View Document (Drop-Down)
 - * Submit Screen
- 16. This functionality is applicable for Individual, Cooperative, State Agency and Direct Distribution type of Application.
- 17. For Individual, Cooperative & State Agency, this is applicable for New, Renew and Amendment flows as well.

CONTINGENCIES:

As a part of your Grant Application approval you may be required to provide information related to Grant Requested Contingencies as advised by Staff Recommendations. You will need to provide responses to each Contingency in the form of a file upload for the OAA Staff to release the payments. A list of potential Contingencies are noted below:

- Completion of Operational Agreement
- Completion of Capital Costs Agreement
- Documentation securing non-OAA matching funds
- Completion of Progress Reporting Workbook
- Acknowledgment of Subsequent year Proposed Amount
- Other documentation requested by OAA Staff TBD.

When your Grant Application is approved for award there may be additional required documents (file uploads) required such as a W-9 and any Contract/MOU with partners/contractors/subrecipients, these documents will need to be provided as file uploads prior to payments being made.

CARRYFORWARD REPORTING:

When you have completed the Renewal and are eligible to provide CarryForward Trueup Reporting for the previous Fiscal Year, there will be an on screen message in the Portal Dashboard. From the Portal on the Dashboard the Carryforward Reporting message and dates will display as an on screen message. These are dependent on the time period defined for Annual Reporting or Carry-Forward periods.

| Dashboard | Dashboard | | | | | |
|---------------------------------|---|------------------------------------|------------------------------|---------------------------------|--|--|
| Grants Management | Note | | | | | |
| Mombers | Annual Report period is open under the grants management tab for cities and counties for the Fiscal Year 2024 and is due by 2/1/2025. | | | | | |
| Estimated Funds Look-Up Tool | Carryforward True-up period is open under the grants management tab for cities and counties for the Fiscal Year 2024 and is due by 1/10/2025. | | | | | |
| COOP Partner Dashboard | \$8,100 Amount Awarded | 2 Applications Awarded | 5 Opportunities Available | O Applications Near Due Date | | |
| | Applications | | | | | |
| | In Progress (0) Submitted (0) | Under Review (0) Assigned Back (0) | Awarded (2) Closed (0) | | | |

Carryforward Reporting only occurs after Renewal Application is in "<u>Awarded</u>" status (but still not "Payment Processed" status). You must already have an Intake Application with status of "<u>Awarded</u>" and "<u>Payment Processed</u>" with a linked Renewal Application in a status of "<u>Awarded</u>". The application dates must also fall within the range displayed for Carryforward are allowed to proceed.

| Dashboard | Grants | Manag | ement | | | | | | | G. Search Grants | |
|---------------------------------|--------------|-------------------|-------------------|-----------------|-----------------|-------------|------------|--------------|---------------|----------------------------------|-------|
| Grants Management | | | | | | | | | | | |
| 17. Mombers | VA OAA II | ndividual Cit | y Grant - 20 | 24 Open | | | | | | Start Carryforward Trueup Report | Apply |
| Historical Downloads | | | | | | | | | | | |
| Estimated Funds Look-Up Tool | Fiscal Year | New Ap | plication | Renewal A | pplication | Amend A | pplication | Carrytorward | Trueup Report | | |
| | 2024 | Open Date | 7/12/2024 | Open Date | 7/2/2024 | Open Date | 7/18/2024 | Open Date | 11/11/2024 | | |
| COOP Partner Dashboard | | Due Date | 1/30/2025 | Due Date | 3/1/2025 | Due Date | 3/1/2025 | Due Date | 12/26/2024 | | |
| | Purpose | | | | | | | | | | |
| | The Grant is | to support the in | dividual city who | war working tow | ards prevention | of opioids. | | | | | |
| | o tien bei | | | | | | | | | | |

Only eligible projects for Carryforward TrueUp Report will show up because the Initial was completed and the Renewal is awarded will be in the list. See image below:

| OPIOID ABATEMI GRANTS MANAGE | INT AUTHORITY MENT | Williamsburg City + 🐵 Shashark Agareal + |
|---|---|--|
| Cashboard Grants Management Annone | Grants Management | 4) Bearth Govern |
| Hestorical Dourricade Estimated Funds Look-Up Tool COOP Partner Dashboard | Vic OAX Individual City Grant - 2024 × Please select the project and complete the carry forward reporting for the selected project. Project Name Select Project * | |
| | Purpose The Crant is to apport the Wire Details Introdividual City Grant - 2025 | Start Carrytoward Stoleup Report |

After selecting an eligible project the Popup shown below will ask some Carryforward eligibility questions (use the dark blue circle with the letter "i" to get help text):

| OPIOID ABATEM GRANTS MANAG | ENT AUTHORITY EMENT | | Williamsburg City + 🕢 Shasharis Agarwal + |
|---|---|--|---|
| ES Dashboard Grants Management | Grants Manag | VA OAA Individual City Grant - 2024 × Asterisk (*) indicates required field | General Grants |
| AL Mondors | VA OAA Individual Ci | Please select the project and complete the carry forward reporting for the selected project. Project Name | Blart Carryforward Truesp Report |
| Eatimated Funds Look-Up Teol COOP Pariner Desidened | Fiscal Year Reser AT 2024 Open Date | Camptonward New App (FV-2025) | |
| | Purpose The Grant is to support the I de View Octails | The red is the carryforward amount that will increase/tecrease the projected expenditures in the new fiscal year? If yes, please note in the namative questions the amount(a) and tem(s). OAA staff will be in contact if additional steps are needed to amend the award to accommodate this change. Yes No | |
| | a into throosa us | *Is the amount remaining different than the amount approved by the OAA's Grants Committee for camptor- ward from the most recent performance period 2023 to the current performance period 2024? Yes No | |
| | VA OAA Individual Ci | Cancel Start Carrylonward Troisup Report | Blast Carryfornaid Tourop Report |

Then select the "<u>Start Carryforward TrueUp Report</u>" button to proceed. Note: The second question must be "Yes" or else you will only be allowed to provide an upload only on a "No" response.

The Carryforward Application instructions page will be displayed. The steps are: Carryforward Narrative, Budget overview, Reference Information and Signature. See Instructions screenshot below:



On Carryforward Narrative the first 3 questions are read only,the next 2 questions are mandatory. The "Final FY#### The "Carry-Forward Amount" field is not editable but will be populated based on data entry in the other steps. (*NOTE: #### refers to the 4 digit Fiscal Year or Performance Period Year - example: 2024*)

Carryforward Narrative Part 1 of 2:

| OPIOID ABATEMEN GRANTS MANAGEM | T AUTHORITY IENT | | | Williamsburg City + | Shashank Agarwal + |
|---|---|--------------------------------|---|--|--------------------|
| Back to dashboard VA OAA Ind | ividual City Grant - 2024 I Williamsburg City-2024-IDIC-Car | ryforward Report-002201 | | | 1 Download Repo |
| Instructions Carryforward Narrative Budget Overview Reference Information Signature | Carryforward Narrative Conplete the information below for the project the oily or count Asterisk (*) indicates required field City/County Name Williamsburg City *Project Name Carryforward New App *Provide a narrative update regarding status of expenditures th Note any discrepancies between the FY2024 carry-forward and Note any discrepancies between the FY2024 carry-forward and *For the reported final carry-forward amount(s), please descret I Final FY2024 OAA Carry-forward Amount | ly is requesting to be funded. | ant Type dividual Distribution (IDIC) (5/23/2024) and the final FY2024 carry-forward re (5/23/2024) and the final FY2024 carry-forward he expected use of actual carry-forward funds. | amount reported in this work d amount reported in this wo | ibook. |

Carryforward Narrative Part 2 of 2:

| Reference Information | City/County Name | 0-17-1 | |
|-----------------------|---|---|--|
| | | Grant Type | |
| Signature | Williamsburg City | Individual Distribution (IDIC) | |
| | * Project Name | | |
| | Carryforward New App | | |
| | Note any discrepancies between the FY2024 carry-forward an Note any discrepancies between the FY2024 carry-forward a "For the reported final carry-forward amount(s), please rescri | mount approved by the OAA Grants Committee (5/23/2024) and the final FY2024 carry-forward amount reported in this workbook. amount approved by the OAA Grants Committee (5/23/2024) and the final FY2024 carry-forward amount reported in this workbook. | |
| | Note any discrepancies between the FY2024 carry-forward a | amount approved by the OAA Grants Committee (5/23/2024) and the final FY2024 carry-forward amount reported in this workbook. | |
| | Final FY2@4 OAA Carry-forward Amount | | |
| | | | |

Save and Next button will display the Budget Overview step Part 1 of 3:



Budget Overview Part 2 of 3:

| k to dashboard VA OAA In | dividual City Grant - 2024 Williamsb | urg City-2024-IDIC-Carryfor | ward Report-002201 | | ± Downic |
|--------------------------|--|-----------------------------|--|-------------------------|----------------------------|
| | Total Non-OAA Funding Sources | \$5,000.00 | \$3,000.00 | \$4,000.00 | \$1,000.00 |
| | OAA Revenue Funding So | urces | | | |
| | Funding Sources | Awarded or Pledged as Match | Projected Expenditures from Application | Final FY24 Expenditures | Final FY24 Remaining Funds |
| | Individual Distribution (IDIC) | \$4,000.00 | \$2,500.00 | \$3,000.00 | \$1,000.00 |
| | Gold Standard Distribution | \$1,000.00 | \$600.00 | \$700.00 | \$300.00 |
| | Total OAA Funding Sources | \$5,000.00 | \$3,100.00 | \$3,700.00 | \$1,300.00 |

The first part of the Budget Overview step includes the opportunity to enter Revenue for both Non-OAA Funding Sources and OAA Revenue Funding Sources. Here you can enter the Final FY## Expenditures amount as currency for each Funding Source. The Revenue data entry will display the updated value under Revenue Grand Total.

The next part of the Budget Overview includes the opportunity to enter Expenses under the Final FY## Expenses as currency.

| va OAA Inc | lividual City Grant - 2024 I Williamsburg (| City-2024-IDIC-Carryfo | rward Report-002201 | | ± Downlo |
|------------|---|------------------------|--|-------------------------|--------------------|
| | Total Revenues | \$10,000.00 | \$6,100.00 | \$7,700.00 | \$2,300.00 |
| | Expenses | | | | |
| | Expenses | Budget as Awarded | Project Expenditures from Application | Final FY24 Expenditures | Final FY24 Balance |
| | Personnel-related | \$10,000.00 | \$0.00 | \$0.00 | \$10,000.00 |
| | Total Expenses | \$10,000.00 | \$0.00 | \$0.00 | \$10,000.00 |
| | Revenue/Expenditure Reconciliation | \$0.00 | \$6,100.00 | \$7,700.00 | -\$7,700.00 |

Budget Overview step Part 3 of 3:

If both Capital / Operating and Personnel Expenses are declared then both would be visible for Final FY## Expenditures data entry as currency.

The system will compare the Revenues and Expenditures amounts, they must match to move forward. You will receive a red error message "<u>Final Expenditures of Revenue</u> <u>and Expenses do not match.</u>"

Screenprint of mismatch amounts error message:

| k to dashboard VA OAA In | dividual City Grant - 2024 I Williamsburg City-2024 | -IDIC-Carryforward Report-002201 | | ± Downloa |
|--------------------------|---|----------------------------------|---|-------------|
| | Revenue/Expenditure Reconciliation | \$0.00 \$6,100.00 | \$2,700.00 | -\$2,700.00 |
| | Approved FY2024 OAA Carry-forward Amount | | Final FY2024 OAA Carry-forward Amount | |
| | \$3,900.00 | | \$2,300.00 | |
| | Balance of Approved and Final FY2024 OAA Carry- | forward Amount | % change between approved and final amo | unts |
| | \$1.600.00 | | 41.03% | |
| | Final Expenditures of Revenue and Exp | enses do not match. | | |
| | | | | |

After correcting any discrepancies in Revenue and or Expenses, you will be able to move to the next step. The calculated values at the bottom of the page will be displayed.

These read-only calculated values are labeled:

"<u>Approved FY#### OAA Carry-forward Amount</u>", "<u>Final FY#### OAA Carry-forward</u> <u>Amount</u>", "<u>Balance of Approved and Final FY#### OAA Carry-forward Amount</u>", and "<u>% change between approved and final amounts</u>".

(NOTE: #### refers to the 4 digit Fiscal Year or Performance Period Year - example: 2024)

| ck to dashboard | VA OAA Individu | ual City Grant - 2024 I Williamsburg Ci | ty-2024-IDIC-Carryforw | ard Report-002201 | | ± Downloa |
|-----------------|-----------------|---|------------------------|-------------------|--------------------------------|------------|
| | | Personnel-related | \$10,000.00 | \$0.00 | \$7,700.00 | \$2,300.00 |
| | | Total Expenses | \$10,000.00 | \$0.00 | \$7,700.00 | \$2,300.00 |
| | | Revenue/Expenditure Reconciliation | \$0.00 | \$6,100.00 | 50.00 | \$0.00 |
| | | Approved FY2024 OAA Carry-forward Amor | unt | Fina | I FY2024 OAA Carry-forward Am | ount |
| | | \$3,900.00 | | \$2 | ,300.00 | |
| | | Balance of Approved and Final FY2024 OAA Carry-forward Amount | | | nange between approved and fin | al amounts |
| | | \$1,600.00 | | 41 | 41.03% | |

Once you review those fields' values you can use the Save & Next button to proceed to the Reference Information Step. You may answer "Yes" to be given the opportunity to provide additional information for the following questions:

"Attach a copy of the city/county's general ledger expenditures for FY#### for this OAA Award."

"Additional Optional Supporting Document."

(NOTE: #### refers to the 4 digit Fiscal Year or Performance Period Year - example: 2024)

You will have the option to provide information as a File Upload or Weblink for either attachment.



E-SIGNATURE FOR CARRYFORWARD / TRUEUP:

The next and final step is to provide a Signature. The first part of this step is to provide a checkbox declaration and then to specify the contact information for the person who will be completing the electronic signature.



This person could be the current contact and selecting the "Add Existing Contact" option will allow you to search for and verify their contact information or it can be a new contact using the "Invite New User" option which will allow you to specify the contact information for a new person who will complete the signature electronically.

| OPIOID ABATEN GRANTS MANAG | IENT AUTHORITY GEMENT | | Ri | chmond City 👻 🙆 Shashank Agarwal 👻 |
|---------------------------------|-----------------------------------|----------------------------------|---|------------------------------------|
| Dashboard Grants Management | \$24,000 Amount Awarded | O Applications Awarded | 5 Opportunities Available | O Applications Near Due Date |
| ** Members | Applications | | | |
| Historical Downloads | In Progress (2) Submitted (0) | Una Review (0) Assign | ned Back (0) Awarded (0) | Closed (0) |
| Stimated Funds Look-Up Tool | | | | |
| E COOP Partner Dashboard | Richmond City-2024-COOP-New-0 | 02213 ⊚ | Ready For E-5 | Sign View Application |
| | Project Name Abatement Efforts | Due Date 3/1/2025 | Proposed Amount Awarded Amoun \$90.00 \$0.00 | Cancel/Re-Assign E-Sign |

Applies to Submitted applications when the e-sign can be reassigned by the applicant to another signatory. This is only applicable if no e-sign was completed before.



After the signature is applied then the application status will move from Ready for E-Sign to Submitted and the button for Re-Assign E-Sign will no longer be shown for that application.

| OPIOID ABATEME GRANTS MANAGE | NT AUTHORITY MENT | | | | | l | Fairfax County - Ellen Volo - |
|-----------------------------------|------------------------------------|---------------------------|---|-------------------------------------|------------------------------|--------|-------------------------------|
| Dashboard | Dashboard | | | | | | |
| Grants Management | Note | | | | | | |
| Ambers | Annual Report period is open u | nder the grants manageme | ent tab for cities and counties for the Fis | al Year 2026 and is due by 9/1/2025 | 5. | | |
| Historical Downloads | | | | | | | |
| S Estimated Funds Look-Up Tool | Carryforward True-up period is | open under the grants mar | nagement tab for cities and counties for | he Fiscal Year 2026 and is due by 2 | 2/28/2025. | | |
| COOP Partner Dashboard | \$461,990 Amount Awarded | | 8 Applications Awarded | Opportur | 7 nities Available | Appli | 4 ications Near Due Date |
| | Applications | | | | | | |
| | In Progress (8) Submitted (6) | Under Review (3) | Assigned Back (0) Award | d (8) Closed (1) | | | |
| | Fairfax County-2025-COOP-New-00 | 0821 ⊘ | | | | Draft | |
| | Project Name | | Due Date | Proposed Amount | Awarded Amount | | Resume |
| | NA | | 1/27/2025 | \$0.00 | \$0.00 | | |
| | Fairfax County-2026-IDIC-New-000 | 373 ⊚ | | | Ready For I | E-Sign | View Application |
| | Project Name | | Due Date | Proposed Amount | Awarded Amount | | Re-Assign E-Sign |

After selecting the signatory contact then click the button labeled "Send for E-Sign and Submit".

| | | | williamsburg City + | Shashank Aganwal • |
|----------------------------|---|---|-----------------------|--------------------|
| ack to dashboard VA OAA In | dividual City Grant - 2024 I Williams | burg City-2024-IDIC-Carryforward Report-002201 | | Download Rep |
| | * Do you want to add existing cont Add Existing Contact Inviti Search for Authorized Member C | act or want to invite new user? e New User ontact | | |
| | Shashank K Agarwal Jr. | | | * |
| | * First Name Shashank | Middle Name | *Last Name Agarwal | |
| | "Job Title | Office Phone | Cell Phone | |
| | СМО | (999) 888-7777 | | |
| | Suffix | ' Email | | |
| | Jr, | shashank.agarwal+oaa04@mtxb2b.com | | |
| | | | | |

When the popup message appears select "Yes" if you want to send the application for E-Signature and Submit.

| OPIOID GRANTS | ABATEMENT AU S MANAGEMENT | THORITY | | | | Williamsburg City + | 🙆 Shashank Agarwal 👻 |
|---------------------|------------------------------|--|--|---|---------|---------------------|----------------------|
| ← Back to dashboard | VA OAA Individu | al City Grant - 2024 I Willi | liamsburg City-2024-I | DIC-Carryforward Report-002201 | | | Download Report |
| | | *Do you want to add existing Add Existing Contact Send Applical Are you sure you want | g contact or want to invite Invite New User Ition for E-Sign It to send application for E | new user? ature and Submit -Signature and Submit? | 0 Yeişe | me i | |
| | | смо | | (999) 888-7777 | | | |
| | | Suffix | | *Email | | | |
| | | Jr. | | shashank.agarwal+oaa04@mbdb2b.com | | | |
| | | Exit | | | Previ | Send for I | E-Sign and Submit |

When the system is done saving and sending the E-Signature a success message is displayed.

The contact person designated as the Signatory will receive an email from the system with the Adobe E-Sign link and a PDF copy of the report. The Applicant will also receive an email with a PDF copy of the report, which is the same file as the one accessed from the "Download Report" button/link.

Dashboard screen will be displayed next. The status of the Carryforward Report will be "Ready for E-Sign". The "View Report" button will allow you to view the Submitted Carryforward Report. The "<u>Re-Assign E-Sign</u>" button will allow you to select a new Signatory for the E-Sign process.

Re-Assign or E-Signature request from one person to another person There is a special button on the Application dashboard that shows the "<u>Re-Assign E-</u> <u>Sign</u>" please see screenshot below:

| OPIOID ABATEME GRANTS MANAGE | ENT AUTHORITY EMENT | | | | | | illiamsburg City v | Shashank Agarwal |
|---------------------------------|------------------------|------------------------|--------------------------|-----------------|---------------------------|-------------------------|-------------------------------|----------------------|
| Dashboard | 🛆 Annual Rep | ort period is open und | ler the grants managemen | t tab for citie | s and counties f | or the Fiscal Year 20 | 24 and is due by | 2/1/2025. |
| 🛄 Grants Management | Carryforwar | d True-up period is op | en under the grants mana | igement tab f | or cities and cou | inties for the Fiscal | Year 2024 and is | due by 1/10/2025. |
| Members | \$8,10 | 00 | 2 | | | 5 | | 0 |
| Estimated Funds Look-Up Tool | Amount Awa | urded | Applications Awarde | d | Opportu | nities Available | Applic | ations Near Due Date |
| E COOP Partner Dashboard | In Progress (1) | Submitted (0) | Under Review (0) | Assigne | d Back (0) | Awarded (2) | Closed (0) | |
| | Williamsburg City | -2024-IDIC-Carryfo | rward Report-002201 e | | | Ready For | E-Sign | View Report |
| | Project Name | | Due 0 | Date | Requested Carryforward | Awarded Carryforward | Can | cel/Re-Assign E-Sign |
| | Carryforward New A | App | 1/30/2 | 2025 | \$2,300.00 | \$0.00 | | |

The Signatory will need to open and complete the steps for the E-Sign process included in the email. After you click the email you will receive a new browser window or tab with the E-Sign, the Carryforward Report will be displayed so the Signatory can review the PDF copy of the document before signing.

The Signature section will provide you with the Adobe Sign control.

| Adobe Acre | obat Sign | | 0 |
|------------|--|------------------------|-----------------------|
| Options 🐱 | [DEMO USE ONLY] VA OA/ | Type Draw image Mobile | D Next required field |
| Next | Contact Person Name Shashank K Aganwal Jr Cell Phone | , Shashan | |
| Picci I | Email: shashank.agarwal+c | Ger | |
| l | Acrobat S Not for commercial use | Close Apply | |

After signing, there will be a blue "Download" button to allow the Signatory to have a copy of the signed document.



After this is completed, the application will change status to "Submitted".
| OPIOID ABATEMI GRANTS MANAG | ENT AUTHORITY EMENT | | | Williamsburg City 👻 🧕 Shashank Agarwal 💌 |
|----------------------------------|-------------------------------------|---|---|--|
| Dashboard | Annual Report period is open un | der the grants management tab for citie | s and counties for the Fiscal Ye | ar 2024 and is due by 2/1/2025. |
| Grants Management | A Carryforward True-up period is o | pen under the grants management tab t | lor cities and counties for the Fi | scal Year 2024 and is due by 1/10/2025. |
| A Members | | | | |
| Historical Downloads | \$8,100 | 2 | 5 | 0 |
| Estimated Funds Look-Up Tool | Amount Awarded | Applications Awarded | Opportunities Available | Applications Near Due Date |
| E+ COOP Partner Dashboard | Applications | | | |
| | In Progress (0) Submitted (1) | Under Review (0) Assigne | d Back (0) Awarded (2) | Closed (0) |
| | Williamsburg City-2024-IDIC-Carryfo | orward Report-002201 o | | Submitted |
| | Project Name | Submitted Date | Requested Awarded Carryforward Carryform | View Report |
| | Carryforward New App | 12/3/2024 | \$2,300.00 \$0.00 | |

The Re-Assign E-Sign button will no longer be available after the E-Sign is completed because it is no longer applicable. (Phase 2)

Please note:

The Cooperative and State Agency flows are identical to the Individual Carryforward steps.

After the Staff Review and Grants Committee Approvals, the new amounts will be available for Award. Then the Final Carryforward Amount will be part of the completed application and when Awarded an Award Letter for the Carryforward Report will be generated and sent to the Signatory via email. The letter will display the requested and revised approved Carryforward Amounts.

The Carryforward Report will be visible under Awarded. There may be some contingency documents required for uploading the Documentation. This can be accessed from the Contingency Documents button.

| OPIOID ABATEMEN GRANTS MANAGEN | IT AUTHORITY AENT | | | Williamsbur | g City 🕶 💿 Shashank Agarwal |
|-----------------------------------|--|--------------------------|-------------------------------|------------------------------|-----------------------------|
| Dashboard | In Progress (0) Submitted (0) U | Inder Review (0) Assigne | d Back (0) Av | varded (3) Closed | 1 (0) |
| 🔄 Grants Management | Williamsburg City-2024-IDIC-Carryforward | I Report-002201 ⊛ | | Awarded | May documente a |
| Members | Project Name | Submitted Date | Requested Carryforward | Awarded Carryforward | Contingency Documents + |
| Historical Downloads | Carryforward New App | 12/3/2024 | \$2,300.00 | \$1,300.00 | |
| Estimated Funds Look-Up Tool | - | | | | |
| COOP Partner Dashboard | Williamsburg City-2025-IDIC-Renewal-002 | 195 ø | | Awarded | Award Package/MOU |
| | Project Name Carryforward New App | Submitted Date 12/3/2024 | Proposed Amount \$5,000.00 | Awarded Amount \$5,000.00 | View documents + |
| | Williamsburg City-2024-IDIC-New-002182 | • | | Payoant Processed | |
| | Project Name | Submitted Date | Proposed Amount | Awarded Amount | View documents * |
| | Carryforward New App | 12/3/2024 | \$5,000.00 | \$5,000.00 | |

The Contingency Documents required are displayed below. Each document must be uploaded.

| OPIOID ABATEMENT A GRANTS MANAGEMEN | UTHORITY T | Williamsburg City 🛩 | Shashank Agarwal • |
|--|---|---------------------|--|
| + Back to dashboard | | | |
| Required Do | cuments | | |
| Asterisk (*) indicates | required field | | |
| (i) The allowed for | rmats for file uploads are .docx, .png, .jpg, .jpg, .glf, .pdf, .txt, .xis, .xisx, .xps and file size should be less than 2 | 25mb. | |
| *Completion of Operat | onal Agreement | | |
| 2 Upload Files | Or drop files | | |
| | | File Status Pr | inding |
| *Documentation securi | ag ngn-OAA matching lunds | | |

Staff will review the completed documents. The Contingency Documents button will no longer be available once all uploaded files are submitted.

| | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | , | , | | 0 |
|---------------------------------|--|--------------------------|---------------------------|-------------------------|----------------------------|
| Dashboard | Amount Awarded | Applications Awarded | Opportunitie | s Available | Applications Near Due Date |
| Grants Management | Applications | | | | |
| Members | In Progress (0) Submitted (0) | Under Review (0) Assign | ed Back (0) Av | warded (3) Closed | (0) |
| Historical Downloads | | | | | |
| Estimated Funds Look-Up Tool | Williamsburg City-2024-IDIC-Carry | rforward Report-002201 👳 | | Awarded | |
| COOP Partner Dashboard | Project Name | Submitted Date | Requested Carryforward | Awarded Carryforward | View documents * |
| | Carryforward New App | 12/3/2024 | \$2,300.00 | \$1,300.00 | • |
| | Williamsburg City-2025-IDIC-Rene | wal-002195 👄 | | Awarded | Award Package/MOU |
| | Deployt Mama | Submitted Date | Proposed Amount | Awarded Amount | |

STAFF REQUESTED UPDATES TO CARRYFORWARD / TRUEUP:

The Carryforward / get TrueUp application will be reviewed by OAA Staff. They may request additional updates to the Budget sections, this may be an update to the Renewal or Carryforward Application:

The Application status will be updated to "Application Alignment" and the Applicant will be able to see it in the In Progress column on their Dashboard.



APPLICATION STATUSES

You can view the Applications in each status on the Dashboard shown below:

| OPIOID ABATEME GRANTS MANAGE | ENT AUTHORITY EMENT | | Hig | hland County 🗸 💿 JamesDEMO MooreDEMO 👻 | | |
|-----------------------------------|--|------------------------------------|--------------------------------|--|--|--|
| Dashboard | Dashboard | | | | | |
| Grants Management | | | | | | |
| ** Members | \$1,824 | 1 | 6 Opportunities Austituble | 0 Applications Nacr Due Date | | |
| Historical Downloads | Amount Awarded | Applications Awarded | Opportunities Available | Applications Near Due Date | | |
| S Estimated Funds Look-Up Tool | Applications | | | | | |
| COOP Partner Dashboard | In Progress (2) Submitted (1) | Under Review (1) Assigned Back (0) | Awarded (1) Closed (0) | | | |
| | Highland County-2025-COOP-New-000244 ⊚ | | | | | |
| | Project Name | Due Date | Proposed Amount Awarded Amount | Resume | | |
| | NA | 1/27/2025 | \$0.00 \$0.00 | | | |
| | Highland County-2025-GOLD-New-00024 | Draft | | | | |
| | Project Name | Due Date | | Resume | | |
| | NA | 10/1/2024 | | | | |

The Grant Applicant application status will vary based on different scenarios, as mentioned below:

- In Progress: If the application is incomplete or is still a Draft (Un-Submitted), the application status will display as In Progress.
- **Submitted**: Upon completing all required information, providing all required uploads and completing all E-Signatures the application's status will change to **Submitted, Resubmitted or Application Alignment Submitted** when the final <u>Submit</u> button is selected.
- **Under Review**: Initial reviews performed by OAA Internal Staff and Grants Committee. This could take some time based on the Grants Committee schedule so your application could be **Under Review** until the Grants Committee has their next scheduled meeting.
- Assigned Back: The system will set the status to Assigned Back or Application Alignment Requested when any updates or corrections are required on the application. It is your responsibility to provide the missing information or uploads in order to Re-Submit the application for Review.

- Awarded: If the application for a grant is approved by the Grants Committee then status will be labeled as Awarded followed by Payment Initiation and Payment Processed.
- **Closed**: In the event of application denial, rejection, or expiration the status will be labeled as **Closed**.