



## Operation STOP! Grant Individual City/County Grant Application 2026

### General Instructions:

The Virginia Opioid Abatement Authority's (OAA's) Individual **Operation STOP!** grant awards for cities and counties come from the Opioid Abatement's Unrestricted Fund. The contents of this application are for cities and counties applying for awards for NEW Individual **Operation STOP!** projects from the OAA in compliance with the national settlement agreements, Commonwealth's memorandum of understanding (MOU), and Code of Virginia.

OAA **Operation STOP!** awards to cities and counties have a performance period of one year for fiscal year 2026 (July 1, 2025 - June 30, 2026). Reporting is on an annual basis and is due on September 1, 2026 following the close of the performance period. Recipients must submit a one-time request to renew and/or make any amendments to extend the project into FY 2027.

Below is a list of items to consider that will be necessary to complete the application. Additional guidance, [terms and conditions](#) for the awards, and [resources](#) can be found on OAA's website.

- Direct Distribution Information (amounts received, used for non-OAA projects, held in reserve)
- Project budget (including matching funds, requesting funds, and expenditures)
- Project objectives and projected start and completion dates
- 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)
- Supporting evidence-based documentation/web link
- Supporting evidence-informed documentation/web link
- Supporting documentation if project has received any awards or recognition

Optional: Any letters of support, articles, or other items that may assist the OAA Grants Committee in making an award decision for this project.

For any applications the OAA determines do not meet the established requirements, the OAA will assist the applicant to revise the application to facilitate compliance.

**Please reach out to [info@voaa.us](mailto:info@voaa.us) or your [Regional Abatement Resource Coordinator](#) with any question on the application process and we will be glad to help!! Specific instructions for completing the application are contained in the red text throughout this guide,**

**Login to the OAA Grants Portal. After logging in, navigate to the Grants Management Tab and choose the Individual Grant - 2026 application and click apply.**

The screenshot shows the OAA Grants Portal interface. On the left is a sidebar with navigation options: Dashboard, Grants Management (highlighted with a red arrow), Members, Historical Downloads, Estimated Funds Look-Up Tool, and COOP Partner Dashboard. The main content area displays 'Individual Grant - 2026' with an 'Open' status and an 'Apply' button (both indicated by red arrows). Below this is a table for Fiscal Year 2026:

	New Application	Renewal Application	Amend Application	Annual Reporting
Open Date	10/1/2024	10/1/2024	10/1/2025	7/1/2026
Due Date	4/1/2025	4/1/2025	1/27/2026	9/1/2026

Below the table is a 'Purpose' section with a link to 'View Details' and an email address 'info@voaa.us'.



### Contact Information:

Name of City or County

**Select City/County Name**

City/County

**Select City or County**

### Address Information

Physical Address

**Enter the physical address for the city or county**

Mailing Address

**Enter the mailing address for the city or county**

### Contact Person for this Application

Contact Person Name

**Provide information for a point of contact for the application**

Job Title

**Provide job title for point of contact**

Office Phone

**Provide office phone number for POC**

Suffix

Email

**Provide email address for POC**

Cell Phone

**Provide cell phone number for a point of contact for the application**



**Distribution Information:**

**Direct Distribution Information**

Fiscal Year	Received Amount	Expended towards OAA Projects	Expended towards Non-OAA Projects	Amounts Held in Reserve
2022	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Direct Distribution -Non OAA Project(s) Overview**

Name of Project	Amount Allocated/Spent	Starting Date	Ending Date	Brief Description of Project	Does this project continue into the next year?
Enter project name	\$0.00	Enter Start date	End date	Provide description	<input type="checkbox"/>
<b>Total</b>	<b>\$0.00</b>				

Does the city or county intend to reserve any portion of its direct distributions from FY2023, FY2024, and/or FY2025 for future year abatement efforts?

Yes  No

**If the city/county's Direct Distribution information is not already listed, please select the appropriate fiscal year and enter the Direct Distribution amounts received, amounts expended towards OAA projects and Non-OAA projects and any amounts held in reserves in the top section of this page.**

**If a portion or all of the city/county's Direct Distribution funds will be expended towards Non-OAA projects, please enter the Non-OAA project name, the amount of Direct Distribution funds allocate or spent on the Non-OAA project(s), the Non-OAA project start and end date, and a brief description of the project(s). Please also indicate whether or not the project will continue into the next fiscal year.**

**Providing Direct Distribution information is a requirement for cities and counties' participation all OAA grants.**



### **Gold Standard:**

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

Yes    No

**Cities and Counties may use OAA "Gold Standard" Incentive funds as matching funds for Operation *STOP!* grants.**

**If a city or county is already opted into the incentive program this step can be bypassed.**

**If a city or county wishes to opt-in as part of this process, select yes, and follow the next steps.**

**More information on the requirements and benefits of the incentive programs are available [here](#).**

**Cities and Counties can also opt-in at another time through a separate process in the portal.**



## Project Proposal:

### Contact Information

Name of City or County

**The City/County name will be prepopulated from the "Contact Information" section (Page 2).**

Project Name

**Enter the Project Name as "Operation STOP!: [Enter the City/County Name]"**

**Contact Person for this Application: This information will be prepopulated from Page 2.**

Contact Person Name	Job Title	Office Phone
-	-	-
Cell Phone	Suffix	Email
-	-	-

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. **Select one option.**
- A combination of enhancing an existing project/effort with new components.

Provide a brief narrative description of the proposed project. **The Operation STOP! grant application (narrative) should address how the cities and counties will specifically accomplish each of the objectives listed in the Operation STOP! Guidance document. Cities and counties will need to address the four objectives at a minimum. Also include the amount of Operations STOP! funds requested separate from any matching funds pledged.**

What is the total cost of the proposed project? **This information will be pre-populated after completion the Budget section of the application.**

Amount of Individual Distribution Funds requested for the proposed project. **This information will be pre-populated.**

Amount of "Gold Standard Funds" Incentive requested for the proposed project. **This information will be pre-populated.**

Amount of any matching funds pledged toward the project: **This information will be pre-populated.**

Fund Source	Amount
Direct Distribution	\$0.00

What is the strategy for long-term sustainability once OAA funds are reduced or no longer available? **Address the city/county's plan for the future of the project, in regards to the objectives and how efforts will be sustained once this grant has ended.**

How was the need determined and how does that need relate to abatement? **In this section, address data sources and methods used to identify the specific residents to be served and any other identified needs.**

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 understanding/agreement. If not fully executed, a draft or a narrative describing the scope of services may suffice. **List the required community-based partner(s) as well as any sub-recipients, contractors, etc. here.**

Name of Organization	Amount of Funding	Description of Role	Entity Type
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Describe any specific group(s) of individuals this project is designed to reach, and how many individuals are expected to participate each year. **Indicate the group of individuals selected to be served via the project, explain why they were selected, and how many of them the project is expected to reach.**

Does this project have components other than opioid-related abatement as defined?

No, it is 100% related to opioid treatment.  Yes, there are other substances involved.

**If non-opioid substances will also be targeted, explain how targeting those substances helps prevent individuals from engaging with opioids.**

Provide a budget narrative for the funding strategy of this project

**If funds are going to sub-recipients include how they will be monitored by the city/county.**

**Budget - Personnel Expenditures:**

**New Salaried Staff**

Position Type/Description	FY 2026				FY 2027				FY 2028				FY 2029				FY 2030			
	# of FTEs	Salary	Benefits	Total	# of FTEs	Salary	Benefits	Total	# of FTEs	Salary	Benefits	Total	# of FTEs	Salary	Benefits	Total	# of FTEs	Salary	Benefits	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

**New Hourly/Wage/Part-Time Staff**

Position Type/Description	FY 2026				FY 2027				FY 2028				FY 2029				FY 2030			
	# of FTEs	Salary	Benefits	Total	# of FTEs	Salary	Benefits	Total	# of FTEs	Salary	Benefits	Total	# of FTEs	Salary	Benefits	Total	# of FTEs	Salary	Benefits	Total
Total 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

**Grand Total**

	FY 2026		FY 2027		FY 2028		FY 2029		FY 2030	
	# of Staff	Grand Total	# of Staff	Grand Total	# of Staff	Grand Total	# of Staff	Grand Total	# of Staff	Grand Total
Grand Total	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00

**Note: Only New Hourly/Wage/Part-Time Staff are eligible to be funded via Operation STOP! Grants. Do not request funding for salaried staff via this application. Enter projected expenditures only for FY 2026. Enter \$0.00 for subsequent fiscal years FY 2027 - FY 2030).**

**Budget - Operating and Capital Expenditures:**

**New Operating Expenses**

Item Description	FY 2026			FY 2027			FY 2028			FY 2029			FY 2030		
	# 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 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

**New Capital Expenses**

Item Description	FY 2026			FY 2027			FY 2028			FY 2029			FY 2030		
	# 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

**Grand Total**

	FY 2026		FY 2027		FY 2028		FY 2029		FY 2030	
	# of Units	Grand Total	# of Units	Grand Total	# of Units	Grand Total	# of Units	Grand Total	# of Units	Grand Total
Grand Total	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00

**Note: Operating expenses are eligible to be funded via Operation *STOP!* Grants. Do not request funding for capital expenses via this application. Enter projected expenditures only for FY 2026. Enter \$0.00 for subsequent fiscal years FY 2027 - FY 2030).**

**Enter any sub-recipients receiving funds under Operating Expenses with a "1" under the "# of units" and the amount projected under "Cost per Unit." Details of the budget for the sub-recipient can be included with any attached agreements.**



**Budget Overview:**

**Add Non-OAA Matching Funds (Including Direct Distribution funds) here (FY2026 only, enter \$0.00 for subsequent years)**

**Non-OAA Matching Funds**

**Also add a Non-OAA Matching Funds line title "Operations *STOP!* Request" for FY 2026 that is reflective of the amount of competitive funds requested. For any grants recommended for approval, OAA Staff will update this line to a funding request amount. This process is a work-around to accommodate system requirements.**

Non-OAA Matching Funds	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
	Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Direct Distribution	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Non-OAA Funding Sources</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**OAA Requested Funding Sources** **Add OAA Matching Funds here**

OAA Requested Funding Sources	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
	Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Individual Distribution (IDIC)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gold Standard Distribution	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total OAA Funding Sources</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Revenue Grand Total** **NOTE: Revenue total and expenses total should reconcile**

Revenue Grand Total	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
	Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Revenue Grand Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Expenses** **NOTE: Revenue total and expenses total should reconcile**

Expenses	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
	Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Total Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Total Requested Amount from the OAA**

Total Requested Amount from the OAA	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
	Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Total Requested Amount from the OAA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**NOTE: If no OAA matching funds are pledged, this amount should show as \$0.00. If OAA matching funds are pledged, this should show as the total of the OAA funds match. OAA staff will update the funds request during the review process (system work around).**



## Performance Measurement:

Enter required and other performance measures based on your proposed application for funding for FY 2026 only.

The following performance measures are *required* for each Operation *STOP!* application:

### Prevention/Education/Awareness Efforts

No. adults from the general public participating in prevention/education programming

No. of law enforcement officers participating in prevention/education programming

No. of key officials / policy makers participating in prevention/education programming

### Harm Reduction Efforts

No. of people engaged during harm prevention outreach efforts

No. of Naloxone kits distributed to at-risk individuals

No. of Fentanyl test kits distributed to at-risk individuals

No. of clean syringe exchanges conducted

Applicants may select additional measures that are applicable to their application.



**Objectives:**

**Objective**

Objective	Proposed Start Date	Proposed Completion Date
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Provide any additional information regarding the objectives entered (optional).

**Enter each required objective and indicate how the city/county plans to accomplish them in FY 2026 as well as the proposed start and completion dates. The four objectives are as follows:**

**Objective 1: Identify residents at the highest risk of overdose, and specifically those who may be difficult to reach using traditional outreach and education methods.**

**•This objective should also include the inclusion of existing resources in the community to assist with identifying residents who are at the highest risk of overdose.**

**Objective 2: Develop and implement a targeted outreach and communications strategy for high-risk individuals.**

**•This outreach program should specifically focus on educating individuals about the risks of fentanyl being mixed into stimulants such as cocaine and methamphetamine and providing connections to various community resources. The outreach program should also include stigma reduction efforts specific to the identified individuals.**

**Objective 3: Implement or expand harm reduction efforts targeting the identified high-risk population. Examples of harm reduction efforts include:**

- Mobile outreach**
- Distribution of educational materials**
- Distribution of naloxone, fentanyl test strips, xylazine test strips**
- Connections to healthcare services including Hepatitis C and HIV testing**

**Objective 4: Implement or expand treatment and/or recovery support services for this high-risk population, potentially including:**

- Access to treatment and recovery support organizations**
- Medications for opioid use disorders, including mobile services**
- Assistance with transportation, job and skill training, and recovery housing**
- Support for justice-involved individuals transitioning back into the community**



### Reference Information:

Is your Project Evidence based?

Yes  No

Is your Project Evidence Informed?

Yes  No

Is your project certified/credentialed by a State or Federal Agency, or other organization?

Yes  No

Has your project received any award(s) and/or recognition?

Yes  No

Is your project working with an organization with an established record of success?

Yes  No



Do you have any additional supporting document?

Yes  No

**Note:** Include an attachment or web link for any of the questions where "yes" is selected. As a requirement for the **Operation *STOP!*** program, each city/county will partner with a community-based organization with an established record of success. Attach documentation or provide a web link for confirmation of this record of success.



**Signature:**

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.

**Contact Person for this Application**

Contact Person Name	Job Title	Office Phone
-	-	-
Cell Phone	Suffix	Email
-	-	-

**Signature must be by the city or county executive or their designee. Signer does not have to have access to the portal to sign. The signature process is through Adobe E-sign and will generate an email to the signer to complete.**

**Please reach out to [info@voaa.us](mailto:info@voaa.us) or your [Regional Abatement Resource Coordinator](#) with any question on the application process and we will be glad to help!!**