Cooperative New Application

Instructions:

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

OAA Cooperative Partnership awards to cities and counties have a performance period of one year with up to four optional renewal years. Reporting is on an annual basis and is due on September 1 following the close of the performance period. Recipients must submit yearly requests to renew and/or make any amendments to the next fiscal year's funding.

The Cooperative Partnership grant is a competitive grant and requires that at least two of the cities/counties in the partnership are from the same behavioral health region. The application must be completed and submitted by the city/county designated as the fiscal agent. A Cooperative Partnership Agreement must be completed as part of the application process in the system and must be e-signed by each partner city/county. A sample of the Cooperative Partnership Agreement can be found here.

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 our website.

- Direct Distribution Information
  - This must be completed by each partner and can be found by going to the Grants Management section of the OAA Grants Management Portal and selecting Direct Distribution Information
- Signed Cooperative Agreement (will be completed during process, but must be signed before continuing)
- 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: Gold Standard Incentive application
  - If a partner city/county has already opted into the Gold Standard, no further action is required.
  - This must be completed separately before Gold Standard funds can be requested. Can be found by going to the Grants Management section of the OAA Grants Management Portal and selecting Gold Standard Grant
- 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. Due to the competitive nature of Cooperative Partnership Grants, assistance from the OAA does not guarantee any final recommendations or approvals.

Fiscal Agent:

One of the participating cities or counties must serve as the fiscal agent for the cooperative project. The fiscal agent will be responsible for ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.

City/County Serving as Fiscal Agent

City/County

Address Information

Physical Address

Mailing Address

Contact Person for Fiscal Agent

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

Cooperative Partners Contact Information:

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

Project Proposal:

Contact Information

Name of Fiscal Agent City of County

Project Name
-

Contact Person for this Project

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

Provide a brief narrative description of the proposed project.

What is the total cost of the proposed project?

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

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 and/or contractors/vendors (if known, if unknown, add "To be determined" and attach proposal/application request document) that will be involved in this project. Attach any written agreements (contracts and/or memoranda of understanding/agreement) including funding/budget details. If not fully executed, a draft or a narrative describing the scope of services may suffice. Partner cities and counties should not be listed here unless they will be directly receiving funds other than their pledged match.

Briefly describe the organization(s), including any sub-recipients and/or contractors/vendors (if known, if unknown, add "To be determined" and attach proposal/application request document) that will be involved in this project. Attach any written agreements (contracts and/or memoranda of understanding/agreement) including funding/budget details. If not fully executed, a draft or a narrative describing the scope of services may suffice. Partner cities and counties should not be listed here unless they will be directly receiving funds other than their pledged match.

Name of Organization	Amount of Funding	Status	Description of Role	Entity Type	Own Subrecipients

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-related abatement as defined?

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

Provide a budget narrative for the funding strategy of this project

Budget - Personnel Expenditures:

An Excel Version of the Budget Portion of the Application is available here.

New Salaried Staff

Position Type/Description	FY 2027				FY 2028				FY 2029				FY 2030				FY 2031			
	# 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																				

New Hourly/Wage/Part-Time Staff

Position Type/Description	FY 2027				FY 2028				FY 2029				FY 2030				FY 2031			
	# 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																				

Grand Total

	FY 2027		FY 2028		FY 2029		FY 2030		FY 2031	
	# of Staff	Grand Total	# of Staff	Grand Total	# of Staff	Grand Total	# of Staff	Grand Total	# of Staff	Grand Total
Grand Total										

An Excel Version of the Budget Portion of the Application is available here.

Budget - Operating and Capital Expenditures:

New Operating Expenses

Item Description	FY 2027			FY 2028			FY 2029			FY 2030			FY 2031		
	# 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															

New Capital Expenses

Item Description	FY 2027			FY 2028			FY 2029			FY 2030			FY 2031		
	# 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															

Grand Total

	FY 2027		FY 2028		FY 2029		FY 2030		FY 2031	
	# of Units	Grand Total	# of Units	Grand Total	# of Units	Grand Total	# of Units	Grand Total	# of Units	Grand Total
Grand Total										

Budget Overview:

An Excel Version of the Budget Portion of the Application is available here.

Non-OAA Matching Funds

Non-OAA Matching Funds	City/County	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
		Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Total Non-OAA Funding Sources						

OAA Requested Funding Sources

OAA Requested Funding Sources	City/County	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
		Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Total OAA Awarded Funding Sources						

Revenue Grand Total

	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
	Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Revenue Grand Total					

Expenses

Expenses	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
	Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Total Expenses					

Total Requested Amount from the OAA

	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
	Requested Amount	Proposed Amount	Proposed Amount	Proposed Amount	Proposed Amount
Total Requested Amount from the OAA					

Cooperative Agreements:

Complete the following steps to send the Cooperative Agreement to the partner cities and counties for e-signature:

(Note: The Fiscal Agent will auto-populate here from the Fiscal Agent section. The partner cities and counties will auto-populate here from the Cooperative Partnership Contact Information tab.)

i. Click the "Edit" button for the respective city or county.

ii. Enter the contact information for the official of that city or county who will be signing this agreement.
    i. This agreement MUST be signed by an official for the city or county partnering in this application to OAA for this award (not by a subrecipient). The official MUST have authorization to conduct business for the city or county's governing body. If the official is anyone other than the city/county executive or their deputy, attach proof of designated authority to this application under the Additional Information tab's "Any additional documents" question.
    ii. Any partnering city or county pledging a portion of its Direct Distribution, Individual Distribution, and/or Gold Standard funds to this project must coordinate with the Fiscal Agent for the Fiscal Agent to add/request those funds in the Budget Overview section of this application which will the auto-populate the sources and amounts for the respective city/county in the Cooperative Partnership Agreement.
    iii. If this project is selected for an award, the partnership will then need to complete an Operational Agreement (sample agreement and exhibit) that details how the fiscal agent and the partners will implement and manage the project including matching funds, performance measures, reporting, etc. This agreement in only needed if the project is awarded.
    Sample agreement link:
    https://www.oaa.virginia.gov/media/governorvirginiagov/ooaa/applications/SAMPLE-Operational-Agreement-for-Co
    Sample Exhibit link:
    https://www.oaa.virginia.gov/media/governorvirginiagov/oaa/applications/SAMPLE-Operational-Agreement-Exhibit-

iii. Click "Add".

iv. Once the appropriate information has been entered for all partners, click "Preview Agreement" and review all displayed information and ensure it is accurate.

v. When everything is ready, click "Send Agreement for E-Signatures" and each contact will receive an email from Adobe E-sign to review and sign the agreement in the order they are listed here.

Performance Measurement:

Performance Measures Notes

Review the "List of Performance Measures and Guidance" Document at this link: https://www.oaa.virginia.gov/media/governorvirginiagov/oaa/documents/Performance-Measures.pdf

Objectives:

Objective

Objective	Proposed Start Date	Proposed Completion Date

Provide any additional information regarding the objectives entered (optional).

Reference Information:

Is your Project Evidence based? (If yes, you will need to attach appropriate documentation)

Yes No

Is your Project Evidence Informed? (If yes, you will need to attach appropriate documentation)

Yes No

Is the project certified/credentialed by a State or Federal Agency, or other organization? (If yes, you will need to attach appropriate documentation)

Yes No

Has your project received any award(s) and/or recognition? (If yes, you will need to attach appropriate documentation)

Yes No

Is your project working with an organization with an established record of success? (If yes, you will need to attach appropriate documentation)

Yes No

Do you have any additional supporting document?

Yes No

Signature: Application must be signed by Fiscal City/County Executive or their Deputy.

☐ 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**
-	-	-