Individual City/County Grant

Instructions:

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. The contents of this application are for cities and counties applying for awards for NEW Individual Distribution and "Gold Standard" Incentive projects from the OAA in compliance with the national settlement agreements, Commonwealth's memorandum of understanding (MOU), and Code of Virginia.

OAA awards to cities and counties have a performance period of one year. 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.

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: Gold Standard Incentive application
    - If the city/county has already opted into the Gold Standard, no further action is required.
    - This can also be completed separately 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. For any Individual Distribution applications where the OAA Grants Committee recommends denial, the applicant will have the opportunity to present an appeal to the OAA Board of Directors before the final decision is made.

Contact Information:

Name of City or County

City/County

Address Information

Physical Address

Mailing Address

Contact Person for this Application

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

Distribution Information:

Amounts Received by Fiscal Year

Fiscal Year	Received Amount
2022	
2023	
2024	
2025	
2026	
Total	

Amounts Expended or Allocated by Fiscal Year

Fiscal Year	Amount Expended and/or Allocated to OAA Projects	Amount Expended and/or Allocated to Non-OAA Projects	Amount Set Aside as Reserve for Abatement Projects
2022			
2023			
2024			
2025			
2026			
Total			

Grand Total Received	
Grand Total Expended, Allocated, and Reserved	
Unallocated Balance Available	

Non-OAA Project Information

Name of Project	Amount Expended and/or Allocated	Start Date	Projected end date	Brief description of project	Does it continue into next year
					☐
Total					

Total Expended and/or Allocated by Fiscal Year	
Total Expended and/or Allocated by Project	
Balance (Non-OAA)	

Does the city or county intend to reserve any portion of its direct distributions from listed above for future year abatement efforts?

○ Yes ○ No

Gold Standard:

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

- ○ Yes
- ○ No

Project Proposal:

Contact Information

Name of City or 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?

Amount of Individual Distribution Funds requested for the proposed project.

Amount of “Gold Standard Funds” Incentive requested for the proposed project.

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. Note: If this application is awarded, OAA will require an executed written agreement (MOU, contract, etc.) between the city/county and any associated organizations receiving funds for this project, before awarded funds will be transmitted. (Written agreement not required for direct city/county departments receiving funds.) Additionally, any of the organizations that will receive funds from this project should have a corresponding entry in the Operating section of the Budget.

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		N/A													

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

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 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**
-	-	-