

# Virginia Opioid Abatement Authority Additional Project Proposals

## 4. Project Proposal

Complete the information below **for each project** the city or county is requesting to be funded.

a. Name of City or County: \_\_\_\_\_ city      county

b. Project name: \_\_\_\_\_

c. Contact Person for this application

i. Name: \_\_\_\_\_

ii. Job Title: \_\_\_\_\_

iii. Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

iv. Email: \_\_\_\_\_

d. Is this project:

A new effort for the city / county.

A proposed supplement or enhancement to a project or effort that is already in place.

How long has the project existed? \_\_\_\_\_

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

How long has the project existed? \_\_\_\_\_

e. Provide a brief narrative description of the proposed project.

f. Describe the objectives of this project

g. How was the need determined and how does that need relate to abatement?

h. Briefly describe (name or organization, description of role, budget, etc.) 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.

i. Who are the targeted beneficiaries, and how many persons are expected to participate per year?

j. Is the project classified as evidence-based?

Yes

No

*If yes, attach supporting information to this application.*

k. Is the project classified as evidence-informed?

Yes

No

*If yes, attach supporting information to this application.*

l. Has this project been certified or credentialed by a state/federal government agency, or other organization/non-profit?

Yes

No

*If yes, attach supporting information to this application.*

m. Has this project received any awards or recognition?

Yes

No

*If yes, attach supporting information to this application.*

n. Does this project have components other than opioid-related treatment as defined?

No, it is 100% related to opioid treatment

Yes, there are other substances involved

*If yes, what is the approximate percentage of the project that covers opioid-related abatement (i.e., 20% of the patients who seek services have opioid-related disorders)?*

- o. Attach a budget for FY2023 and a budget for FY2024 with line-item details for the project. If carry-over of OAA funds from FY2023 into FY2024 is expected, include this in the line item budget.
- p. Complete and attach the [project timeline workbook](#) for each project covering both FY2023 and FY2024
- q. Complete and attach the [performance measurement workbook](#) for each project covering both FY2023 and FY2024
- r. *(Optional)* Attach any letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.