



VIRGINIA OPIOID ABATEMENT AUTHORITY APPLICATION FOR INDIVIDUAL DISTRIBUTION AWARDS TO CITIES AND COUNTIES

701 East Franklin Street, Suite 803, Richmond, Virginia 23219 | 804-500-1810 | info@voaa.us | www.voaa.us

1. Contact Information

- a. Name of City or County: _____ city county
- b. Physical address: _____
- c. Mailing address: _____
(if different than physical address)
- d. Contact Person for this application:
 - i. Name: _____
 - ii. Job Title: _____
 - iii. Office Phone: _____ Cell Phone: _____
 - iv. Email: _____

2. Distribution Information

- a. Complete the [Direct Distribution Reporting Workbook](#).
- 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 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, the OAA 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" Incentive program, the reserved funds may only be used in accordance with the "Gold Standard" as described in the OAA's Incentive Policy.

Utilize the space below to describe the methodology for the reserve and how this will be publicly posted.



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

Yes

No

If yes, complete the form entitled "Application and Terms and Conditions for OAA "Gold Standard" Cities and Counties".

d. For each proposed project in FY2024 and/or FY2025, complete and attach Part 5 "Project Proposal" of this application.

3. Total OAA Funding Request

a. For all project proposals included with this application:

i. What is the total amount of Individual Distribution funds requested? _____

ii. What is the total amount of "Gold Standard" Incentive funds requested (if applicable)? _____

The total amount of funding requested should match the requested amount(s) as stated in the Budget Workbook(s), and should not exceed the amount for the city or county as published in this document.

4. 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 & conditions."

Signature _____

Print Name _____

Title _____

Date _____



5. Project Proposal

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

Additional Project Proposal forms can be found [here](#).

a. Name of City or County: _____ city county

b. Project name: _____

c. Contact Person for this project:

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. (Attach additional pages if necessary.)



- f. What is the total cost of the proposed project? _____
 - i. Provide the amount of individual distribution requested for the proposed project. _____
 - ii. Provide the amount of "Gold Standard" Incentive requested for the proposed project. _____
 - iii. Provide the amount of any matching funds pledged toward the project:

Fund Source	Yes/No	Amount
Direct Distribution		
General Fund		
Other		

If other, list the source and amount from each source:

Source	Amount

- g. What is the strategy for long-term sustainability once OAA funds are reduced or no longer available?



h. List and describe the objectives of this project. (Attach additional sheet if necessary.)

1	
2	
3	
4	
5	

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

j. 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. (Attach additional sheet if necessary.)

Name of Organization	Amount of Funding	Description of Role	Entity Type



k. Is there a specific group of individuals this project is designed to reach, and how many individuals are expected to participate per year?

l. Does this project meet any of the following classifications:

Classification	Yes/No	Document Attached	Description or Link
Evidence-based		<input type="checkbox"/>	
Evidence-informed		<input type="checkbox"/>	
Certified/Credentialed by a State or Federal Agency, or other Organization		<input type="checkbox"/>	
Received Award(s) and/or Recognition(s)		<input type="checkbox"/>	
Organization with an established record of success		<input type="checkbox"/>	



m. 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 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)?

n. Complete and attach the [Budget Workbook](#) for FY2024 and FY2025. If carry-over of OAA funds from FY2024 into FY2025 is expected, include this in the workbook.

i. Provide a budget narrative for the funding strategy of this project.

o. Complete and attach the [Project Timeline Workbook](#) for each project covering both FY2024 and FY2025.

p. Complete and attach the [Performance Measurement Workbook](#) for each project covering both FY2024 and FY2025.

q. *(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.