



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.)

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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.