

Virginia Opioid Abatement Authority Application for Planning Grants for Cooperative Partnerships Involving Multiple Cities and/or Counties

1. Contact Information

This application is for cooperative planning effort 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](#).

Complete this table for all cities and/or counties involved in the cooperative partnership.

Name of City/County	Contact Person	Mailing Address	Phone #	Email

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2. Fiscal Agent

- a. One of the participating cities or counties must serve as the fiscal agent for the cooperative planning effort. The fiscal agent will be responsible for ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.
- b. City/County Serving as Fiscal Agent _____ city county
- c. Physical address: _____
- d. Mailing address: _____
(if different than physical address)
- e. Contact Person for Fiscal Agent
 - i. Name: _____
 - ii. Job Title: _____
 - iii. Office Phone: _____ Cell Phone: _____
 - iv. Email: _____

3. Agreements

- a. Attach a copy of a letter from each participating city and/or county that confirms the following:
 - i. The city/county's agreement to participate in the planning grant
 - ii. The city/county's agreement to support the implementation of the plan developed using the grant funds
 - iii. The commitment of the city/county to provide a monetary match, including the amount of the match and the source of the funds (Direct Distribution, Individual Distribution, General Funds)
 - iv. The city/county's agreement as to which city or county will act as the Fiscal Agent for the grant including applying for, receiving, and distributing the funds as well as any related reporting.

A sample of for this letter is available [here](#).

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4. Cost and Funding

- a. What is the total cost of the planning effort? _____
- b. Complete the below table for each city or county providing a monetary match for this grant.

Name of City/County	Amount of Monetary Match	Source of Funds

- c. What is the total funding requested from the OAA for the planning grant? _____

5. Information

- a. Does the cooperative partnership intend to contract with a vendor or other organization to support this effort?

Yes

No

If Yes, attach a copy of the procurement documents (scope of work, request for proposal, etc). that defines the scope of services to be provided.

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b. Narrative

- i. Provide a narrative description of the goals of this effort.

c. Budget

- i. Provide a line-item budget for this effort that includes projected expenditures as well as any funding resources identified or requested in section 4.

6. Signature

Signature section must be completed by the person designated with signatory authority as the Fiscal Agent for the cooperative partnership.

"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge."

Signature _____

Print Name _____

Title _____

Date _____