

# Virginia Opioid Abatement Authority Sample Letter for Cooperative Partnership Planning Grant

City or County Letterhead

Insert Today's Date

Virginia Opioid Abatement Authority  
701 East Franklin Street  
Suite 803  
Richmond, VA 23219

To Whom it May Concern:

The insert city/county name has entered into a cooperative partnership with the insert name(s) of participating cities and/or counties to apply for a Planning Grant from the Opioid Abatement Authority.

The insert city/county name agrees to appoint insert fiscal agent city/county name as the fiscal agent for the purposes of this grant.

**OR**

The insert city/county name agrees to serve as the appointed fiscal agent for the purposes of this grant.

The insert city/county name agrees to support the implementation of the plan developed using the grant funds.

*The insert city/county name agrees to provide a monetary match in the amount of insert amount from the city/county's insert source of funds (Direct Distribution, Individual Distribution, General Funds).*

If you have any questions, please contact insert contact name and contact information.

Insert signature, name, and title of City/County executive

*\*Italicized section is optional and only required if a participating city or county is providing a monetary match for the planning grant.*