

Virginia Opioid Abatement Authority Summary of Proposal from Agencies of the Commonwealth

Agency Information

Name of Agency:	
Secretariat:	
Contact Person:	
Title:	
Phone Number:	
Email:	

***Contract person should be the main person that OAA contacts for questions and follow up regarding the proposal as a whole. Please note that while the agency head or designee must sign off on the proposal, it is not expected that they will be the contact person.*

Proposal Summary

If the agency is submitting multiple projects within its proposal, then the projects must be priority ranked.

Project Priority Ranking		Funding Requested by Performance Period (PP)				
#	Name of Project	PP23-24	PP24-25	PP25-26	PP26-27	PP27-28
1.						
2.						
3.						
4.						
5.						

Signature

The signature section must be completed by the head of the agency named in this summary or their designee.

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

Signature:	
Printed Name:	
Title:	
Date:	