Opioid Operational Command Center
FY2021 Call for Proposals: Competitive Grant Program

REVISED May 26, 2020
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About the OOCC
The Opioid Operational Command Center was formed to coordinate Maryland’s statewide response to the opioid crisis. The OOCC identifies gaps in local substance-misuse resources and disseminates best practices and state resources to fill those gaps. The OOCC also prepares the state’s substance use disorder response plan, coordinates the efforts of 20 state agencies and 24 local jurisdictions, and reviews and approves all opioid-related budget proposals and legislation. All of the OOCC’s activities align with Governor Hogan’s policy priorities of Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery.

Overview
The purpose of the OOCC’s Competitive Grant Program is to distribute grant funding to the highest-scoring proposals received from state and local governments and private, community-based partners that align with the Inter-Agency Opioid Coordination Plan and serve to meet some of the greatest needs around the State.

The funding available for the OOCC’s Competitive Grant Program is approximately $5 million.

Eligibility
The following entities are eligible to apply:
1. State agencies;
2. Local governments (including local school systems); and
3. Community-based partners.

All project proposals must address the opioid crisis via Prevention & Education, Enforcement & Public Safety, and/or Treatment & Recovery. Additionally, the project must align with one or more goals of the Inter-Agency Opioid Coordination Plan. A copy of the Plan is available through the OOCC’s website (BeforeItsTooLateMD.org) under the “Resources” tab.

An overview of the Inter-Agency Opioid Coordination Plan is provided in the chart below.
Requirements
Grantees will be required to report program performance measures. Performance measures must be recorded and submitted to the OOCC on a quarterly basis through the use of the Quarterly Project Report provided by the OOCC.

The following is a sample list and is not inclusive of all potential performance measures:

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Performance Measure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxone access</td>
<td>• Number of units of naloxone purchased by the jurisdiction with these funds: [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of individuals trained in naloxone use with these funds (target audience: ______): [target #]</td>
</tr>
<tr>
<td>Information campaigns</td>
<td>• Number of information/public awareness events and activities conducted: [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of individuals exposed to messaging (communications platform: ______): [target #]</td>
</tr>
<tr>
<td>Education/training</td>
<td>• Number of education/training events and activities conducted: [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of individuals who received education/training (target audience: ______): [target #]</td>
</tr>
<tr>
<td>Referral to treatment or recovery services</td>
<td>• Number of individuals referred to treatment and/or recovery services (service type: ________): [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of individuals referred to treatment and/or recovery services who were admitted to treatment or recovery programs (service type: ________): [target #]</td>
</tr>
<tr>
<td>Peer recovery support specialists</td>
<td>• Number of individuals referred to peer recovery specialists (referred from: ________): [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of individuals referred to treatment by peer recovery specialists: [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of individuals referred to treatment by peer recovery specialists who were admitted to treatment: [target #]</td>
</tr>
<tr>
<td>Screening, brief intervention, &amp; referral to treatment (SBIRT)</td>
<td>• Number of individuals trained in SBIRT (SBIRT setting: ________): [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of individuals screened (SBIRT setting: ________): [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of positive screens (SBIRT setting: ________): [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of brief interventions (SBIRT setting: ________): [target #]</td>
</tr>
<tr>
<td></td>
<td>• Number of individuals referred to treatment (SBIRT setting: ________): [target #]</td>
</tr>
<tr>
<td>Treatment/crisis stabilization/recovery</td>
<td>• Number of individuals who received services (service type: ________): [target #]</td>
</tr>
</tbody>
</table>
Key Dates

<table>
<thead>
<tr>
<th>Information</th>
<th>Date Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call for Proposal Release Date:</td>
<td>Friday, March 6, 2020</td>
</tr>
<tr>
<td>Application Deadline:</td>
<td><strong>Friday, June 12, 2020; 5:00 P.M.</strong> (NOTE: This date was changed on May 26, 2020 in light of Covid-19.)</td>
</tr>
<tr>
<td>Award Decisions:</td>
<td>Wednesday, July 15, 2020 (Tentative; As of 05/26/20)</td>
</tr>
<tr>
<td>Anticipated Period of Performance:</td>
<td>July 15, 2020 – June 30, 2021 (As of 05/26/2020)</td>
</tr>
</tbody>
</table>

Application Process
As referenced above, the full application package must be submitted to the OOCC no later than **Friday, June 12, 2020 at 5:00 P.M.** (NOTE: This date was changed on May 26, 2020 in light of Covid-19.) **No late applications will be accepted.** The full application package includes the following components:

1. a completed application form that includes the grant applicant’s signature (PDF and Word or Google Docs);
2. a completed budget template with the referenced attachments (PDF and Excel or Google Sheets); and
3. signatures or letter of support with signatures from the local health officer (or deputy health officer) **OR** local emergency manager (or deputy emergency manager) **AND** county executive or administrator (or chief administrative officer or chief of staff).
   a. if the project will impact more than three jurisdictions, the secretary of the relevant state agency may be used in place of the two signatures noted above; or
   b. if project applicant is a local school system, signatures are required from the school superintendent and local health officer (or deputy health officer) or local emergency manager (or deputy emergency manager).

If the applicant is a non-governmental organization, additional documentation is required (e.g., prior fiscal year/calendar year profit & loss statement and balance sheet, financial audit, etc.). Please refer to the application instructions for further details.

The application package should be emailed to oocc.finance@maryland.gov. The subject of the email must state the name of the grant applicant and project name (e.g., “ABC Local Health Department: Public Awareness Project DEF”).

No incomplete applications will be accepted beyond the aforementioned deadline of June 12, 2020.

Application Evaluation
Applications are scored by the OOCC’s Grants Scoring Committee, which includes OOCC personnel and subject matter experts from various state agencies as well as a nongovernmental partner. The Grants Scoring Committee will evaluate the proposals based on the following criteria:

1. **ALIGNED WITH THE INTER-AGENCY OPIOID COORDINATION PLAN.** The project aligns with one or more goals of the Inter-Agency Opioid Coordination Plan.
2. **PROVIDES A FULL PROJECT SUMMARY AND PROBLEM STATEMENT.** The project application provides a brief and clear summary of the project to be funded. Additionally, the problem
The grant review process has three tiers. OOCC staff performs an initial review to confirm that the application is complete in its entirety. Any applications that are considered incomplete will be removed from consideration by the Grants Scoring Committee. OOCC’s Grants Scoring Committee, after thoroughly reviewing and scoring each application, will then submit a recommendation to the Executive Director, who will make a final determination regarding the Committee’s recommendation.

**Funding Specifications**

The anticipated period of performance is July 15, 2020 through June 30, 2021. The grant agreement between the OOCC and grant recipient must be executed before the project may begin. All grant funds are generally awarded on a reimbursable basis, and there is no match required for this funding source.

A grant applicant may request funding ranging from $5,000 to $500,000. Historically, the OOCC’s individual grant awards average $100,000-$200,000. The grant award is for one fiscal year.

Grant funds may be used for project staff salaries and fringe benefits, consultant fees, data collection and analysis, project-related travel, conferences, and office supplies and expenses. Grant funds may also be expended for a limited amount of essential equipment and minor infrastructure improvements required by the project. The OOCC generally does not fund requests for major capital projects.

Grantees may subcontract with other organizations as appropriate to accomplish the goals of the project, and the role of the subcontractor organization should be explicit in the proposal with regard to achieving the fundamental goals and objectives of the project.

Grantees are not permitted to use funds under this program for the following purposes:
1) fundraising or lobbying; 
2) pre-award costs; 
3) to supplant existing local or federal funding; 
4) depreciation expenses; and 
5) costs related to food or meals for meetings, training, exercises, or similar events unless the following criteria are met: 
   a. meals must be a necessary part of a working meeting (or training) and integral to full participation in the business of the meeting (i.e. food/meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training); 
   b. meals cannot be provided for regularly scheduled or standing meetings; 
   c. meal costs are not duplicated in per diem or subsistence allowances; 
   d. meeting participants (majority) are traveling from a distance of more than 50 miles; and 
   e. guest meals (i.e., meals for non-essential attendees) are excluded from the project budget.

Distribution of Funds and Reporting Requirements
The OOCC will distribute awarded funds to grantees on a quarterly-reimbursement-of-expenditures basis. Timely submission of a corresponding Quarterly Project Report and a Reimbursement Request with adequate supporting documentation is required. Reporting provides continuous program monitoring, aiding in the identification of successes and challenges that awardees encounter throughout the project period. The deadline for quarterly project reports is 30 days after the prior quarter (October 30; January 30; April 30; July 30). More information regarding the reporting requirements will follow after an award is made. Grantees may also be asked to participate in a site visit.

Technical Assistance
If an applicant has questions related to the application, please contact: 
1. Danielle Holmes, OOCC Finance Director, at Danielle.holmes1@maryland.gov or
2. Khalil Cutair, OOCC Grants Program Administrator, at Khalil.cutair@maryland.gov.
Application Form Instructions

All applicants must use the application form provided in Appendix I located on page 15. It is advisable to copy and paste the form into a new document before beginning. Please do not alter the format of this document unless permission is received from the OOCC directly.

1. **Date Submitted**: Please enter the date that the application will be submitted to the OOCC.

2. **Project Title**: The project title should be brief, precise, and reflect what is being funded. For example, “Baltimore County Youth Prevention Program.”

3. **Applicant Organization**: Please provide the unit of local government, State agency, community-based entity, etc. that is eligible to apply for grant funds.

4. **Main Objective**: While the project may address more than one objective, please select the primary objective of the project: Prevention & Education, Enforcement & Public Safety, or Treatment & Recovery.

5. **Total Project Cost**: Please provide the total project cost (i.e., the requested award amount).

6. **Project Summary**: Please provide a brief summary about the applicant (non-governmental organizations only) and project. The Project Summary should provide a concise summary of the applicant and proposal and be limited to 150 words or less. Please use the following template:

   The [Organization Name] was founded in [year] and [Provide description of general activity and/or mission]. [Organization Name]'s [Project Name] program helps to [Indicate what the program proposes to do in general terms (examples include: reduce existing gaps in services, foster collaboration and cooperation among partner agencies and stakeholders, provide direct victim services, etc.)] in [Indicate the service area covered by the program. Local programs should list the specific county. Multijurisdictional programs should list all counties covered, and statewide programs should list Maryland.]. The program [1-2 sentences describing the program’s main function and who the program benefits/serves.]. [The last sentence summarizes the budget items proposed to be funded.]

7. **Problem Statement/Needs Justification**: Briefly describe why the proposed project is needed and, therefore, is important to pursue. Identify the most significant issues, problems, trends, or opportunities that will be addressed via the proposed project.

8. **Program Goals and Objectives**: Define the central aim and principal goals of the proposed project. For each goal, define one to three key objectives. Each defined objective must be SMART: (a) Specific (i.e., clear and unambiguous); (b) Measurable (i.e., observable and preferably countable, if feasible); (c) Attainable (i.e., realist and achievable); (d) Relevant (i.e., pertinent to stated purpose and scope of project); and (e) Time-Bound (i.e., have defined starting and end points, or fixed duration).

   FOR EXAMPLE: Goal 1: Decrease morbidity and mortality amongst people who use drugs in Baltimore City by operating a daytime drop-in center.
a. Objective 1: From July 1, 2020 to June 30, 2021, operate drop-in center for 30 hours per week.
b. Objective 2: From July 1, 2020 to June 30, 2021, maintain an average daily visitor rate of 30 people per day.
d. Objective 4: From July 1, 2020 to June 30, 2021, conduct 500 overdose prevention trainings and distribute 1000 doses of naloxone.

9. Program Measurement/Performance Indicators: Identify at least one performance measure you will use to evaluate this project’s success and the target for the fiscal year. Sample performance measures are provided on page 4.

FOR EXAMPLE: Activity Type: Drop-in Center. Required Performance Measures and Targets:
   a. Number of drop-in operating hours per week: 30 (1,560 annually)
   b. Number of drop-in visits per week: 60 (3,120 annually)
   c. Number of individuals who receive case management services per month: 20 (240 annually)

Further clarification regarding the difference between items 8 and 9 is provided in the Frequently Asked Questions section of this document.

10. Timeline: Applicants must submit a detailed timeline/work plan. This timeline/work plan must include the following: (a) key tasks that must be carried out to implement the program successfully; (b) person(s) responsible for seeing that each task is completed within the proposed timeline; (c) target dates for task completion; and (d) timeframe for achieving objectives. A table format is suggested for this section.

11. Spend Plan Description: Clearly define the major categories contained in the budget and provide the basis for and defend (i.e., justify) cost projections. Please also include a brief summary of any other grant opportunities which the organization may be seeking to support this project.

12. Program Sustainability Plan: Briefly describe how this program will be sustained financially in future fiscal years. The OOCC’s competitive grant awards are intended to be one-time sources of funds.

13. Applicant Signature: The application should be signed by the organization’s authorized representative (e.g., Health Officer or Executive Director).

14. Signatures: Signatures or letter of support with signatures from the local health officer (or deputy health officer) OR local emergency manager (or deputy emergency manager) AND county executive or administrator (or chief administrative officer or chief of staff).
   a. if the project will impact more than three jurisdictions, the secretary of the relevant state agency may be used in place of the two signatures noted above; or
   b. if project applicant is a local school system, signatures are required from the school superintendent and local health officer (or deputy health officer) or local emergency manager (or deputy emergency manager).
15. **Checklists:** As indicated on page 4, all nongovernmental organizations are required to provide the following documentation as a part of the application package:
   a. Prior fiscal year/calendar year profit & loss statement and balance sheet;
   b. Company description including number of employees, EIN and DUNS number and form of organizations (e.g., 501(c)(3));
   c. Most recent financial audit;
   d. Statement of Good Standing with the MD State Department of Assessments & Taxation;
   e. Copies of any licensures/certification necessary to operate in the State of Maryland. Please also disclose any investigations that your organization may be undergoing (licensure or otherwise); and
   f. If 501(c)(3), proof of this status by submitting a copy of its status letter from the IRS with the application. If the IRS letter is not available, a letter from your organization’s authorized official listing officers, bylaws, and/or articles is permissible until such time that a copy can be obtained from the IRS.

With respect to item d. listed above, all organizations must be registered and in good standing with the Maryland State Department of Assessments and Taxation prior to submitting a grant application.

With respect to item e. listed above, all organizations must possess the certifications/licensures necessary for the organization to operate prior to submitting a grant application.

The documents referenced above (a-f) must be referenced in a single cover page acting as table of contents.

16. **Optional Documentation:** Additional letters of support are welcome but not required.

Please note that it is of critical importance that the application be well written, clear, and concise. The application form may not exceed 10 pages single spaced in 12-point Calibri or Times New Roman font. The budget template and attachments specified in item 15 (above) are excluded from the 10-page limit.
Budget Template Instructions

1. **Applicant Name**: This item should match the application form.

2. **Project Title**: This item should match the application form.

3. **Date Submitted**: This item should match the application form.

4. **Columns**
   a. **Object**: This object is intended for use by local health departments only. Using the drop-down, please select the category that most closely aligns with the expense line item. If the applicant is not a local health department, please leave this row blank.
   b. **Grant Funds Requested**: All numbers should be rounded to the nearest whole dollar.
   c. **Justification**: Each budget line item must include a justification entry. The justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. Do not state “See Goals and Objectives.”

5. **Rows**
   a. **Salaries and Wages**: The salaries for staff required to implement the project are listed in the personnel category. Timesheets must be maintained for all personnel included in the grant project. Additionally, please include an attachment with the name, title, job description, hours worked per week, and wage amount for all personnel included in this section of the budget.

   FOR EXAMPLE: The justification for a sample salary line item is as follows: “The Community Outreach Trainer makes presentations at hospitals and other medical facilities. Annual salary is $40,000. She will be devoting 25 percent of her time to this project. We are requesting $40,000 * .25 = $10,000 in grant funds to support her time on this project. Her hourly rate is $19.23.”

   b. **Fringe**: Fringe benefits cannot exceed 30 percent of reported salary costs.

   FOR EXAMPLE: The justification for fringe benefits may be: “Fringe benefits @ 10 percent of salary. $10,000 * .10 = $1,000 for [Name of Employee]”

c. **Travel In-State**: Travel expenses may include mileage and/or other transportation costs, meals, and lodging consistent with the local jurisdictions travel regulations and cannot exceed the State of Maryland reimbursement rate specified below. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.
   i. Mileage maximum: $.575 cents/mile as of 1/1/2020.
   ii. Meal allowance/meal per diem must follow the State rate: https://dbm.maryland.gov/Pages/MealTipReimbursement.aspx.

d. **Travel Out-of-State**: Please refer to the instructions contained in item c. above.

e. **Equipment**: Equipment is defined as having a useful life in excess of one year and a procurement cost of $5,000 or more. Costs may include taxes, delivery, installation, and
similarly related charges. The procurement process used must be consistent with the applicant’s written procurement guidelines. If the applicant does not have written procurement guidelines, the applicant must refer to the State of Maryland Procurement Policy and Procedures, which includes the consideration of Minority Business Enterprises (MBE). An overview of Maryland Procurement may be accessed via the internet at: http://www.michie.com/maryland. (Double click “MARYLAND CODE”, select “STATE FINANCES AND PROCUREMENT”, select “TITLE 13: SOURCE SELECTION”, select: “SUBTITLE 1, 2, 3, or 4” based on applicability.) Please include a description of the equipment, quantity, and unit cost as an attachment to the budget template.

f. **Materials & Supplies**: Please include a description of the materials/supplies, quantity, and unit cost as an attachment to this budget.

g. **Trainings/Development**: Please provide a description and justification for any training activities that are noted in the application form.

h. **Contractual Services**: Please specify the vendor name in the justification section of this document. Each vendor should be listed on a separate row.

i. **Other**: Include all other anticipated expenditures which are not included in the previous categories (e.g., registration fees). For each line item entered, you must include a justification that ties that item to the activities described in your application.

j. **Total Direct Costs**: This item should be automatically calculated. However, if additional rows have been entered, please double check that this number totals correctly.

k. **Total Indirect Costs**: Indirect costs may not exceed 10 percent of direct project costs. However, a higher indirect cost rate may be accepted if the applicant has a current (unexpired) federally approved indirect cost rate. An applicant that possesses a current (unexpired) federally approved indirect cost rate must attach a copy of the indirect cost rate agreement to this application. Indirect is calculated on personnel, operating, travel, and other, up to $25,000. Equipment that has a unit cost of $5,000 or more must be excluded.

l. **Total Project Costs**: This row is set up to automatically sum total direct and indirect costs. This total project cost amount should equal the grant amount requested on page one of the application form.

**IMPORTANT NOTE**: For each line item entered, you must include a justification that ties that item to the activities described in your narrative.
Frequently Asked Questions

1. **Is there a limit to the number of applications that can be submitted by a single entity?**
   No. There is no limit to the number of applications that may be submitted by a single entity.

2. **Who is eligible to apply?**
   The following entities are eligible to apply:
   a. State agencies;
   b. Local governments (including local school systems); and
   c. Community-based partners.

3. **How does the Competitive Grant Program differ from the Block Grant Program?**
   The OOCC allocates directly approximately $10 million in crisis funding each year. In fiscal year 2021, $4 million of these crisis funds will be allocated as block grants to Opioid Intervention Teams (OITs) in Maryland’s 24 jurisdictions. These grants are formula-driven based on impact.

   The balance of the OOCC’s crisis-fund budget will be used to provide grants to other state agencies, local governments, and private community-based programs through the Competitive Grant Program and to support the OOCC’s operating budget.

4. **Is there a minimum or maximum amount for awards?**
   A grant applicant may request funding ranging from $5,000 to $500,000. Historically, the OOCC’s individual grant awards average $100,000-$200,000.

5. **How many years can a grant submission cover?**
   Applicants must submit a proposal for one year that aligns with the State Fiscal Year (July 1 – June 30).

6. **How many awards will be made through the Competitive Grant Program in FY2021?**
   The OOCC has approximately $5 million available to award in competitive grant funding in FY2021. In FY2020, the OOCC made approximately 50 awards with an average award of roughly $100,000-$200,000.

7. **Can programs be funded across multiple areas of focus?**
   While it is understood that some proposals could be considered as addressing multiple categories (e.g., *Prevention & Education* and *Treatment & Recovery*), applicants are encouraged to select the primary area of focus on the grant application form.

8. **How may a grant applicant enhance its project application?**
   It is advisable that organizations include letters of support with their project application submission, though it is not required. (The letters of support are excluded from the 10 page limit.)

9. **Does the full grant award need to be expended before the end of FY2021 (i.e., June 30, 2021)?**
   Yes. The OOCC’s funds are General Funds and must be expended before the end of the fiscal year.
10. What are the characteristics of a sustainability plan?
   Examples of sustainability plans have included, but are not limited to: (1) commitment by a hospital partner or private foundation to provide post-award funding; (2) development of the ability to bill third-party payers for services provided; and/or (3) development of the ability to sustain employment of staff members hired for the program.

11. Is a specific amount or percentage of matching funds required?
   There is no specific amount or percentage of matching funding required.

12. What are indirect costs?
   Indirect costs include items that are associated with running the organization as a whole and benefit more than one project/program. Allowable indirect costs include items such as administrative staff salaries, rent, office supplies, insurance, etc.

13. What is supplanting?
   Supplanting is the use of OOCC grant funds to replace federal or local funds which were previously appropriated/budgeted for, or otherwise would have been spent on, the specific purpose(s) for which the award may be made. Any salaries, positions, personnel expenses, contractual expenses, equipment, travel, and other expenses paid for with OOCC grant funds must be used to supplement your organization’s existing budget, and may not replace any funds that were already included in your entity’s existing or projected budget.

14. What is the difference between the following grant application questions: “Program Goals and Objectives” and “Program Measurement/Performance Indicators”?
   A program goal describes the overarching aim of the program. For instance, the goal of an employee overdose prevention training program is to ensure employees are prepared to respond to overdoses by training 100 percent of employees in overdose prevention within 12 months. This is a S.M.A.R.T. program goal. A Program Measurement/Performance Indicator instead describes the progress the program is making toward that goal (e.g., number and/or percentage of employees who have completed the overdose training program during each quarter).

15. When is the grant application deadline?
   The deadline to submit the full grant application package for FY2021 is Friday, June 12, 2020 at 5:00 P.M. (NOTE: This date was changed on May 26, 2020 in light of Covid-19.) The entire package must be received by this deadline. No late applications will be accepted.

16. To whom should grant applicants direct questions about the grant application?
   If an applicant has questions related to the application, please contact Danielle Holmes, OOCC Finance Director, at Danielle.holmes1@maryland.gov or Khalil Cutair, OOCC Grants Program Administrator, at Khalil.cutair@maryland.gov.
Appendix I: FY2021 Grant Application Form

Date Submitted: ______________

Project Title: Click or tap here to enter text.

Jurisdiction(s) of Proposed Project: Click or tap here to enter text.

Applicant Organization: Click or tap here to enter text.

Point of Contact:
- First/Last Name: Click or tap here to enter text.
- Position: Click or tap here to enter text.
- Phone: Click or tap here to enter text.
- Email: Click or tap here to enter text.
- Mailing Address: Click or tap here to enter text.
- Phone: Click or tap here to enter text.
- Email: Click or tap here to enter text.

Main Objective:
- Prevention & Education
- Enforcement & Public Safety
- Treatment & Recovery

Total Project Cost: $Click or tap here to enter text.

Project Summary:

Problem Statement/Needs Justification:
Program Goals and Objectives:

Program Measurement/Performance Indicators:

Timeline:
**Spend Plan Description:**

**Program Sustainability Plan:**

To the best of my knowledge, I certify that all the information provided herein is true and correct.

Application Signature: _______________________________
Grant Application Support Signatures

The signatures below serve to convey the jurisdiction’s support of the project described herein.

County (or Baltimore City) Administration:

Signature:___________________________________________
Printed Name: Click or tap here to enter text.
Title: Click or tap here to enter text.

Local Health Officer/Deputy Health Officer:

Signature:___________________________________________
Printed Name: Click or tap here to enter text.
Title: Click or tap here to enter text.

Local Emergency Manager/Deputy Emergency Manager:

Signature:___________________________________________
Printed Name: Click or tap here to enter text.
Title: Click or tap here to enter text.

Municipal Emergency Manager (if applicable):

Signature:___________________________________________
Printed Name: Click or tap here to enter text.
Title: Click or tap here to enter text.

Checklist of Attachments Required for Nongovernmental Agencies:

✓ Prior fiscal year/calendar year profit & loss statement and balance sheet;
✓ Company description including number of employees, EIN and DUNS number and form of organizations (e.g., 501(c)(3));
✓ Most recent financial audit;
✓ Statement of Good Standing with the MD State Department of Assessments & Taxation;
✓ Copies of any licensures/certification necessary to operate in the State of Maryland. Please also disclose any investigations that your organization may be undergoing (licensure or otherwise); and
✓ If 501(c)(3), proof of this status by submitting a copy of its status letter from the IRS with the application. If the IRS letter is not available, a letter from your organization’s authorized official listing officers, bylaws, and/or articles is permissible until such time that a copy can be obtained from the IRS.
Appendix II: Budget Template

The budget template is a separate attachment in Microsoft Excel.