**OPIOID OPERATIONAL COMMAND CENTER**

**FY2023 Access to Recovery Emergency Gap Funds Grant Program**

**IMPORTANT NOTE:** Please review the instructions provided in the Call for Proposals document

prior to completing this form.

The application package should be submitted via Smartsheet Form to the link below.

<https://app.smartsheet.com/b/form/8be951d35c3b41de86ce5146cd2795f5>

**Project Title**:

**Jurisdiction of Proposed Project**:

**Applicant Organization**:

**Point of Contact**:

| First/Last Name: | Mailing Address: |
| --- | --- |
| Position:  |  |
| Phone:  |  |
| Email:  | Website:  |

**Main Objective:**  IAOCP - Goal 7 (Expand Access to evidence based treatment for opioid use disorder) & Goal 8 (support recovery communities)

**Period of Performance:** Grant Agreement Execution date, November 7, 2022 - June 30, 2022

**Total Project Cost**: $

**I. PROJECT SUMMARY** *(150 word limit)*

The [*Organization Name*] was founded in [*year*] and [*Provide description of general activity and/or mission*]. [*Organization Name*]’s [*Project Name*] aims to [*Indicate what the program proposes to do in general terms (e.g., reduce existing gaps in services, foster collaboration and cooperation among partner agencies and stakeholders, etc.)*]. 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*.]

**II. PROBLEM STATEMENT**

**III. PROGRAM GOALS AND OBJECTIVES**

**IV. PROGRAM MEASUREMENT/PERFORMANCE INDICATORS**

**V. TIMELINE**

**VI. SPENDING PLAN DESCRIPTION**

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

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Applicant Printed Name:

Title:

**SUPPORT SIGNATURES**

*The signatures below serve to convey the jurisdiction’s support of the project described on pages 1-3. Please refer to the Call for Proposals regarding instructions on required signatures.*

**Project Title**:

**Local Health Officer (or Deputy Health Officer)**:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Title: