# Attachment 1 Application Template

**OPIOID OPERATIONAL COMMAND CENTER**

**FY2024 Competitive Grant Program Application Form**

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

prior to completing this form.

**Project Title**:

**Jurisdiction of Proposed Project**:

**Demographic Breakdown of Jurisdiction**:

**Applicant Organization**:

**Applicant FEIN**:

**Point of Contact**:

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

**Main Objective**:

**Main Strategy:**

**Total Project Cost**:

**I. PROJECT SUMMARY** *(250 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**

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**III. PROGRAM GOALS AND OBJECTIVES**

**IV. PROGRAM MEASUREMENT/PERFORMANCE INDICATORS**

.

**V. TIMELINE**

| **Goal(s)** | **Key tasks/activities** | **Person(s) responsible** | **Progress Measurement** | **Begin date** | **End date** |
| --- | --- | --- | --- | --- | --- |
| *Specific and measurable goals that are relevant signs of project success* | *What are the steps you will take and tasks you will accomplish in order to achieve the goal* | *Who is responsible for the key tasks/activities* | *How will you measure success or completion of task/activity? Please provide list of measures that you will document to assess your own progress towards task/activity* | *When will the task/activity start?* | *When will the task/activity end**and/or when will the goal be achieved?* |

**VI. SPEND PLAN DESCRIPTION WITH JUSTIFICATION**

**VII. PROGRAM SUSTAINABILITY PLAN**

*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: Click or tap here to enter text.

Title: Click or tap here to enter text.

**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**:

**County Executive (or County Administrator)**:

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

Printed Name:

Title:

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

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

Printed Name:

Title:

**Local Emergency Manager (or Deputy Emergency Manager)**:

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

Printed Name:

Title:

**State Agency Secretary (or Designee)**:

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

Printed Name:

Title:

**Superintendent (or Deputy Superintendent)**:

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

Printed Name:

Title: