





**2. Fiscal Agent**

- a. One of the participating cities or counties must serve as the fiscal agent for the cooperative project. The fiscal agent will be responsible for ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.
- b. City/County Serving as Fiscal Agent \_\_\_\_\_  city  county
- c. Physical address: \_\_\_\_\_
- d. Mailing address: \_\_\_\_\_  
(if different than physical address)
- e. Contact Person for fiscal agent:
  - i. Name: \_\_\_\_\_
  - ii. Job Title: \_\_\_\_\_
  - iii. Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
  - iv. Email: \_\_\_\_\_

**3. Agreements**

- a. Attach a copy of the cooperative partnership agreement between the participating cities and/or counties for the project. The agreement should also designate the city or county selected as fiscal agent for the cooperative project. A SAMPLE agreement is available [here](#). This agreement is needed to apply.
  - i. If any participating city and/or county elects to allocate a portion of its Direct Distributions and/or Individual Distributions from the OAA to this regional project, the [Cooperative Partnership Agreement](#) should clearly document the commitment separately for each fund and the amount.
  - ii. If the project is selected for an award, the partnership will then need to complete an Operational Agreement (sample [agreement](#) and [exhibit](#)) that details how the partnership and the fiscal agent will implement and manage the project. This agreement is only needed if the project is awarded.

**4. Signature**

Signature section must be completed by a person designated with signatory authority for the fiscal agent. *“I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge and that I agree that any awards resulting from this application will follow the OAA’s established terms & conditions.”*

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



## 5. Project Proposal

Complete the information below for the project the cooperative partnership is requesting to be funded.

a. Is this project:

A new effort for the participating cities/counties.

A proposed supplement or enhancement to a project or effort that is already in place.

How long has the project existed? \_\_\_\_\_

A combination of enhancing an existing project/effort with new components.

How long has the project existed? \_\_\_\_\_

b. Provide a brief narrative description of the proposed project including the requested term (1-5 years).

c. What is the strategy for long-term sustainability once OAA funds are reduced or no longer available?



d. What is the total cost of the proposed project? \_\_\_\_\_

e. What is the total amount of cooperative project funds requested from the OAA (not including any matching funds)? \_\_\_\_\_

*Should match amount as stated in Budget Workbook (Cell E60)*

f. Provide the amount of matching funds pledged toward the project:

Type of Match	Yes/No	Total Match from all Partners
Direct Distribution		
General Fund		
Individual Distribution		
“Gold Standard Incentive”		
Other		

If other, list the source and amount from each source:

Source	Amount

g. How was the need determined and how does that need relate to abatement?



- h. Briefly describe the organization(s), including any sub-recipients or contractors (if known) that will be involved in this project. Attach any contracts and/or memoranda of understanding/agreement. If not fully executed, a draft or a narrative describing the scope of services may suffice.

Name of Organization	Amount of Funding	Description of Role	Entity Type

- i. Is there a specific group of individuals this project is designed to reach, and how many individuals are expected to participate per year?



j. Does this project meet any of the following classifications:

Classification	Yes/No	Document Attached	Description or Link
Evidence Based		<input type="checkbox"/>	
Evidence Informed		<input type="checkbox"/>	
Certified or Credentialed by a State/Federal Government Agency, or Other Organization/Non-Profit		<input type="checkbox"/>	
Received Award(s) and/or Recognition(s)		<input type="checkbox"/>	
Organization with an established record of success		<input type="checkbox"/>	

k. Does this project have components other than opioid-related abatement as defined?

No, it is 100% related to opioid treatment

Yes, there are other substances involved

*If yes, what is the approximate percentage of the project that covers opioid-related abatement (i.e., 20% of the patients who seek services have opioid-related disorders)?*



- I. Complete and attach the [Budget Workbook](#) that minimally includes FY2025 with line-item details for the project. If carry-over of OAA funds from FY2025 to FY2026 is expected, include this in the workbook. If there is intention to renew the funding (maximum of 4 renewals), include the projected budget for each subsequent fiscal year. Note: renewals are at the discretion of the OAA.
  - i. If a city or county in the cooperative partnership is allocating any of its Direct Distributions and/or any of its Individual Distributions from the OAA to this cooperative project, include line items for each as funding sources for the project.
  - ii. Provide a budget narrative for the funding strategy of this project.

- m. Complete and attach the [Project Timeline Workbook](#) for the project minimally for FY2025. If there is intention to renew the funding (maximum of 4 renewals), complete the timeline for each subsequent fiscal year.
- n. Complete and attach the [Performance Measurement Workbook](#) for the project minimally for FY2025. If there is intention to renew the funding (maximum of 4 renewals), include the complete the performance measures for each subsequent fiscal year.
- o. *(Optional)* Attach any additional narrative materials explaining the project, along with any research, data, plans, letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.