

**Appendix B**  
**Dauphin County Opioid Remediation Municipal Grant Program**  
**FY 2025-26 Application Cover Page**

Applicant Legal Name: \_\_\_\_\_

Pa. Dept. of State Business File #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Sponsor/Co-Applicant (if applicable): \_\_\_\_\_

Sponsor/Co-Applicant Contact: \_\_\_\_\_

Amount of Funding Request: \_\_\_\_\_

Title and Brief Summary of the Project: \_\_\_\_\_

Applicant Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signatory (for contracts): \_\_\_\_\_

Authorized Signatory Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grant Writer (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Opioid Remediation Applicable Use(s):

Schedule A: Core Strategies: \_\_\_\_\_

Schedule B: Approved Uses: \_\_\_\_\_