

Company Name:

Name of Individual Submitting Application:

Date of submission:

## **Opioid Remediation Grant Application**

A. A completed Application Cover Page on the form appearing at Appendix B to these Program Guidelines;

B. A brief description of the project or program (limit response to 300 words)

C. An outline of the project or program objectives, expected outcomes, and measurable project deliverables;

D. Identify how the proposed project will mitigate the harms stemming from opioid use disorder;

- E. Identify the Opioid Remediation Use(s) found in Appendix A and describe how the project or program addresses or fulfills these uses;
  
  
  
  
  
  
  
  
  
  
- F. Please provide the total number of individuals experiencing Opioid Use Disorder (OUD) who are currently being served or will be served by this project or program. Additionally, indicate what percentage of the overall population served by or will be served by the project or program this represents;
  
  
  
  
  
  
  
  
  
  
- G. A description of the local and community support for the project or program;
  
  
  
  
  
  
  
  
  
  
- H. A projected schedule and detailed timeline of the project or program;
  
  
  
  
  
  
  
  
  
  
- I. A budget accompanied by a description of the basis of costs for the project and sources of funding, and identify the financial sustainability of the project or program;

**NOTE:** The application should identify the percentage that Opioid Remediation funds will constitute of the total project budget and details on how the project will leverage funds from other sources. For any multi-year project, cost information should be broken into phases, and applicants must detail the projected sources of funding for all phases and project completion.

J. If the Applicant is requesting grant funding to support new or existing staff salaries, insurance, or benefits, identify the time dedicated by the personnel in the positions to the provision of services pertaining to Opioid Use Disorder, Substance Use Disorder, or Mental Health-related programming;

K. Please identify any evidence-based programming or training that will be utilized in this project. Applicants should specify the name of the evidence-based program or training and provide a link to supporting documentation or research that confirms its effectiveness.

L. If applying for funding under Exhibit E, Schedule B, Part Two: Prevention, please explain how the targeted population for these prevention efforts will be identified. Specify the criteria used to determine the 'at-risk' populations and describe how the project is specifically designed to address their needs.

M. Evidence of prior and anticipated interaction and/or work with the sponsoring municipality;

**NOTE:** Non-municipal applicants submitting applications sponsored by or joined by a municipality as a co-applicant should show how the applicant and sponsor or co-applicant have interacted and/or worked together in the past as well as anticipated future interactions. Where a non-municipal applicant is sponsored by Dauphin County, a similar connection should be shown.

N. Evidence of conformity of the program or project with organizational strategic plans; if applicable;

O. A statement disclosing any instances of fraud or theft of applicant funds in the last five (5) years and measures taken by the applicant to prevent future theft and fraudulent events;

P. Describe any litigation, administrative proceeding and/or governmental approval related to the project;

**NOTE:** Litigation, administrative proceedings and governmental approvals should be identified whether or not the matter(s) could cause a delay, potentially prevent the project from being completed or otherwise have an impact on the project.

- Q. Outline in detail the community impact and performance measurement. The overall quality strategy must include the following components:
- a. An organizational culture that supports (through human capital and resources) and values a continuous improvement process.
  
  
  
  
  
  
  
  
  
  
  - b. Adequate resources to support the planned activities of the project or program.
  
  
  
  
  
  
  
  
  
  
  - c. Evidence of the desired health or performance outcomes.

**NOTE:** Additional information on success and performance measurement can be found in Appendix D.

- R. Documentation of support from the affected community, as well as any professional or expert studies, analyses or support related to the project or its need, uses, or costs;

- S. A statement providing where the project ranks on the sponsor's list of priorities if the applicant has more than one project;

**NOTE:** A sponsor's list of priorities is merely advisory and not intended to restrict the Dauphin Opioid Remediation Advisory Board in its recommendations to the Dauphin County Board of Commissioners.

- T. An executed Certification of Non-Contingency, the form of which appears at Appendix C of these Program Guidelines, certifying that the applicant has not engaged any consultant or representative in relation to the application whose compensation is on a contingent fee basis.