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| 1. APPLICANT | | |  | | | | | | | | | | | | | | | | |
| 1. PHYSICAL ADDRESS | | |  | | | | | | | | | | | | | | | | |
| 1. MAILING ADDRESS | | |  | | | | | | | | | | | | | | | | |
| 1. CITY/COUNTY | | |  | | | | | | | | | | | 4a. ZIP CODE | |  | | | |
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| 1. FEDERAL IDENTIFICATION #   (EMPLOYER IDENTIFICATION NUMBER) | | | | |  | | | | | | | 1. DUNS# | | |  | | | | |
| 1. STATE VENDOR NUMBER | | | | |  | | | | | | | | | | | | | | |
| 1. SAM.gov REGISTRATION CURRENT? YES/NO) | | | | | | |  | | | | 7a. SAMs EXPIRATION DATE | | | | | |  | | |
| 1. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? (YES/NO) | | | | | | | | | | | | | | | | | |  | |
| 1. AUTHORIZED OFFICIAL (NAME/TITLE)/PHONE/EMAIL   *(Authorized Official: Mayor, County Judge or Prosecuting Authority-Highest Elected Official)* | | | | | | | |  | | | | | | | | | | | |
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| 1. PROPOSED USE OF FUNDS | | |  | | | | | | | | | | | | | | | | |
| 1. AMOUNT OF FUNDS REQUESTED | | | | |  | | | | | | | |
| 1. PROPOSED PROJECT TARGETED AREA OR AREAS OF FOCUS | | | | | | | | | |  | | | | | | | | | |
| 1. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT? (YES/NO) | | | | | | | | | | | | | | | | | |  | |
| 14a. IF YES, EXPLAIN: |  | | | | | | | | | | | | | | | | | | |
| 1. W-9 FORM SUBMITTED? (YES/NO) | | | | | |  | | 15a. VOIDED CHECK SUBMITTED? (YES/NO) | | | | | | | | | | |  |
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| 1. CONTACT PERSON   (NAME/TITLE) | |  | | | | | | | | | | | | | | | | | |
| 1. EMAIL ADDRESS | |  | | | | | | | | | | | | | | | | | |
| 1. OFFICE PHONE | |  | | | | | | | 18a. ALTERNATE PHONE | | | | | |  | | | | |
| 1. ALTERNATE CONTACT PERSON   (NAME/TITLE) | | | |  | | | | | | | | | | | | | | | |
| 1. EMAIL ADDRESS | | | |  | | | | | | | | | | | | | | | |
| 1. OFFICE PHONE | |  | | | | | | | 21a. ALTERNATE PHONE | | | | | |  | | | | |

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| **ABSTRACT** |

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| Applicant’s Name |  |
| Mailing Address/City/Zip Code |  |
| Applicant’s Point of Contact (POC) |  |
| POC Information: Phone Number/Email Address |  |
| Project Title |  |
| Proposed Start and End Dates |  |
| Funding Amount Requested |  |
| Project Location: City/State, County – Jurisdiction(s) |  |

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| Include in the Abstract a brief description of the project/problem to be addressed; a brief Description of the target area and population; an overview of the agency’s specific goals and objectives for the project; an overview of the anticipated outcomes; a brief statement of project strategies or overall program; and a brief description of significant partnership/collaborative efforts. (No More Than One Page) |

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| **Overview of Agency And the Agency’s Jurisdiction/Targeted Area** |
| Include the targeted area, population, demographics, crime/drug statistics, opioid, stimulant, and other substance data/statistics, etc. |

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| **Demonstrated Need/Statement of the Problem (30 Percent)** |
| * Describe your agencies needs in addressing the opioid epidemic in the jurisdiction. * Describe the need for policies and procedures for addressing the opioid epidemic or discuss your current policies and procedures for addressing the opioid epidemic. * Describe identified barriers to your efforts to address the opioid epidemic. * Document the impact of the opioid epidemic in the targeted area utilizing data (please identify all data sources). * Provide any known efforts and activities currently taking place to support individuals with opioid use disorder involved and not involved in the criminal justice system. * Explain how the proposed project support/enhance those efforts, including any prevention activities. * Explain/identify any opioid treatment or recovery support services in the targeted area. |

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| **Program Design and Implementation: Addressing the Problem (25 Percent)** |
| * Identify the selected priority(ies) for this project. * Explain why/how the selected these priority(ies) were selected or determined. * Clearly state three (3) goals with specific objectives for each selected priority to be addressed. (No more than three (3) goals with objectives are to be included for each priority identified in the previous bullet.) * Thoroughly explain how the agency’s proposed goals and objectives will support or enhance the local law enforcement’s capacity to respond to opioid misuse in your jurisdiction. * If applicable, thoroughly explain how you will utilize Peer Recovery Specialist(s) in this project. Include any description of the processes for early identification, assessment, linkage to treatments, services and supports for the project. * Thoroughly explain how the agency will meet the requirement to formalize a diverse workgroup/task force as well discuss the workgroup/task force function and/or duties. * Explain how the propose project will be evaluated for effectiveness. * Describe and/or explain the performance measures and how the outcomes will be utilized. |

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| **Capabilities/Competencies (20 Percent)** |
| * The applicant must thoroughly describe their ability to implement the program. * The applicant must describe its staffing plans for implementation, indicating who will be responsible for carrying-out and overseeing the project implementation as well as the grant administration duties of reporting, invoicing, and documenting progress. * The applicant must demonstrate its experiences in addressing similar projects and/or activities. * The applicant must demonstrate its experience with collaborating/partnering with other law enforcement agencies, criminal justice agencies and/or community-based partners of targeted enforcement, prevention activities, and community engagement. * The applicant must demonstrate its accountability to comply and align with its plans to implement the COAP strategy(ies). |

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| **Plan for Collecting Required Data (15 Percent)** |
| * The applicant must describe their intended process for measuring project performance. * The applicant must identify who will collect the data and provide performance measurement reports. * The applicant explains how the data and performance measurement information will be used to guide and assess the COAP proposed activities. * The applicant should also identify who will be responsible for the completion of reporting requirements. |

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| **Plan for Sustainability of Efforts (5 Percent)** |
| * Explain how the agency/organization will pursue sustainability efforts. * Describe how this project will utilize community partners and stakeholders who have a vested interest in the success and sustainability of the proposed project. |

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| **Budget Justification Narrative (5 Percent)** |
| * Provide justification narratives for each category being requested in the budget. The narrative should link back to the Budget Detailed Line Item Requested and the proposed goals and objectives of the selected priority(ies). The budget categories are as followed. * Personnel/Overtime * Mandated Benefits * Employer Benefits * Maintenance and Operations * Equipment * Professional/Contract Services * Travel/Training * Other |