This application is for one-time Emergency COVID-19 funding from SAMHSA. The completed application should be sent to: **ahs.vdhadapcontracts@vermont.gov**

**APPLICANT INFORMATION**

Organization Name (provide the name of the organization that will be leading the project)

Organization Description

Address (street, city, state, zip)

Single Point of Contact (first & last name, work phone, cell phone, email)

1. **PROJECT INFORMATION**

Project Name (provide a brief title for your project)

Project Timeline (provide the proposed start date and end date of the project or a projected length of time)

Requested Funding Amount (provide the TOTAL amount of funding that is being requested to complete this project)

Project Type (check the one most applicable): 1) Prevention, 2) Intervention, 3) Treatment, 4) Recovery

1. **PROJECT GOALS**

The COVID emergency relief funding is for the purpose of planning, implementing, and evaluating activities to prevent and treat substance use disorder. Funding may be used to:

1) Promote effective planning, monitoring, and oversight of efforts to deliver SUD services, 2) promote support for providers, 3) maximize efficiency by leveraging current infrastructure, capacity, and relationships, 4) address local SUD related needs during the COVID-19 pandemic.

The purpose of this funding is to prioritize and address the unique SUD prevention, intervention, treatment, and recovery support needs and gaps in Vermont’s service systems to address the impacts of COVID-19.

Provide a summary of how this proposed project advances the purpose above, the identified need/gap in context of COVID-19 and the goals of the project. (500 word maximum)

1. **PROJECT EVALUATION & OUTCOMES**

Provide a summary of how this project will be evaluated and/or measured.

List & briefly describe the project indicators in the following table (min. of 1 quantity indicator and min. 1 quality indicator):

|  |
| --- |
| **Performance Indicators** |
| **Quantity Indicator(s)** | **Quality Indicator(s)** |
| **How much?****Describe***(50 word maximum per indicator)* | **Means of Performance Verification** | **How well?****Describe***(50 word maximum per indicator)* | **Means of Performance Verification** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List & briefly describe desired outcome(s) in the following table (min. of 1 outcome):

|  |
| --- |
| **Desired Outcomes (Are Vermonters better off?)** |
| **Outcome(s)?****Describe***(50 word maximum per outcome)* | **Means of Outcome Verification** |
|  |  |
|  |  |
|  |  |

1. **SCOPE OF WORK** *(500 word maximum)*

List and describe the primary project activities with anticipated milestones and deliverables.

1. **SUSTAINABILITY** *(250 word maximum)*

Describe your plan for sustainability of this project beyond the project period.

1. **BUDGET & JUSTIFICATION NARRATIVE**

Provide a justification narrative for the project budget, specifically detailing the budget items for which funding is being requested. (250 word maximum)

List & briefly describe each budget item in the following table:

|  |
| --- |
| **PROJECT BUDGET** |
| **Budget Item** | **Describe***(50 word maximum per item)* | **Amount** |
|  |  |  |
|  |  |  |
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