# Attachment I Application Template

**MARYLAND’S OFFICE OF OVERDOSE RESPONSE**

**FY2025 Competitive Grant Program Application Form**

**IMPORTANT NOTE:** Please review the instructions provided in the Call for Proposals document

prior to completing this form.

**Project Title**:

**Jurisdiction of Proposed Project**:

**Applicant Organization**:

**Applicant FEIN**:

**Point of Contact**:

|  |  |
| --- | --- |
| Position:  |  |
| Phone:  |  |
| Email:  |  |

**MOOR Strategic Priority (select one):**

* **Prevention**
* **Harm Reduction**
* **Treatment**
* **Recovery**
* **Public Safety**

**MOOR Priority Projects (select only if program aligns with one of the below):**

* **Evidence-based early childhood prevention interventions**
* **Expanding access to evidence based treatment and harm reduction services for at-risk populations**
* **Transportation to treatment, harm reduction, recovery services, employment and essential government services**
* **Peer programs in libraries and other community settings**
* **Supporting Employment in Recovery**
* **Recovery Housing - Extension of time in certified recovery residences**

**Total Project Cost**:

**I. PROJECT SUMMARY** *(250 word limit)*

The [*Organization Name*] was founded in [*year*] and [*Provide description of general activity and/or mission*]. [*Organization Name*]’s [*Project Name*] aims to [*Indicate what the program proposes to do in general terms (e.g., reduce existing gaps in services, foster collaboration and cooperation among partner agencies and stakeholders, etc.)*]. The program [*1-2 sentences describing the program's main function and who the program benefits/serves*.]. [*The last sentence summarizes the budget items proposed to be funded*.]

**II. PROBLEM STATEMENT**

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**III. PROGRAM GOALS AND OBJECTIVES**

**IV. PROGRAM MEASUREMENT/PERFORMANCE INDICATORS**

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**V. TIMELINE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal(s)** | **Key tasks/activities** | **Person(s) responsible** | **Progress Measurement** | **Begin date** | **End date** |
| *Specific and measurable goals that are relevant signs of project success* | *What are the steps you will take and tasks you will accomplish in order to achieve the goal* | *Who is responsible for the key tasks/activities* | *How will you measure success or completion of task/activity? Please provide list of measures that you will document to assess your own progress towards task/activity* | *When will the task/activity start?* | *When will the task/activity end**and/or when will the goal be achieved?* |

**VI. SPEND PLAN DESCRIPTION WITH JUSTIFICATION**

**VII. PROGRAM SUSTAINABILITY PLAN**

*To the best of my knowledge, I certify that all the information provided herein is true and correct.*

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Applicant Printed Name:

Title: