

**ONEIDA COUNTY OPIOID RESPONSE  
FULL PROPOSAL COVER SHEET**

- Full Proposals are due to OCDMH no later than 4 PM on November 30, 2023.
  - Please submit one (1) hard copy AND one (1) electronic copy of your full proposal. Send electronic copy via email to [mentalhealth@ocgov.net](mailto:mentalhealth@ocgov.net) and send hard copy via mail to Oneida County Dept. of Mental Health, 800 Park Ave., 9<sup>th</sup> Floor, Utica, NY 13501, Attn. Ashlee Thompson
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**PROPOSAL TYPE**

*Please Select All that Apply:*

- Innovation Project? (yes or no)
- Improvement Project? (yes or no)
- Other? (yes or no)
- If *Other*, please explain:

**ORGANIZATION INFORMATION**

- Lead Organization Name:
- Lead Organization’s Mailing Address:
- Are you applying as the Administrative Lead? (yes or no)
- If yes, please list co-applicant partners:

**PROPOSAL INFORMATION**

- Proposal/Project Title:
- Please provide a one paragraph executive summary of proposed project/program.
- Has this Proposal/Project been previously funded by a grantor? (yes or no)
  - If yes, please give all details:
- Proposal Targets OCDMH Identified Priority Area(s) / Target Populations? (yes or no)
  - If yes, please list all:
- Amount Requested:
- Proposed Project Length/Duration:
- County/Counties Where Services will be Provided (List All that Apply):
  - County 1:
  - County 2:
  - County 3:
- Please list approximate number of individuals to be served for this project and specify the measure of those to be services (i.e. individuals with a substance use disorder, co-occurring, etc.):

**PARTNERSHIP INFORMATION**

Please list all organizations with whom you are partnering for this project. Please note that a letter of support is necessary for this application.

- 1.
- 2.
- 3.

\*If partnering with more than 3 organizations, please provide an additional document with remaining partners.

**CONTACT INFORMATION**

**Individual Submitting Proposal:**

Name:  
Title:  
Phone:  
Email:

**Additional Individual(s) to Receive RFP Correspondence:**

Name:  
Title:  
Phone:  
Email:

Name:  
Title:  
Phone:  
Email:

Name:  
Title:  
Phone:  
Email:

**Lead Organization's Authorized Representative (OAR):**

Name:  
Title:  
Phone:  
Email:

**I hereby certify that the information in the Proposal (Cover Sheet, Narrative, Budget, Letters of Support, and all additional attachments) is correct to the best of my knowledge, and that I am authorized to sign and submit this proposal.**

Signature of OAR: \_\_\_\_\_

Date: \_\_\_\_\_