

Grant Authorization Form

STEP 1- (to be filled out by Project Manager)

New Completed Request Continuation Amendment to Grant Initial Notification

Materials to follow

ATTACH A COPY OF GRANT APPLICATION WITH DETAILED BUDGET.

Name of Grant: Substance use disorder assistance program – Maine Department of Public Safety _____

Department requesting grant: _____ Public Health _____

Project Manager: __ Brandon Irwin _____

Briefly state purpose: __\$250,000 grant to support people with substance use disorder in avoiding criminal legal system involvement and connecting to recovery support, including peer resource navigation and recovery housing

Proposed grant time period: __ April 1, 2026-March 30, 2027 _____

Match required? \$ __ 0.00 _____

Money in your budget? If so, where? _No money in the budget for this project _____

Long Term Budget Cost? Yes/No Approximate Annual Budget Impact? _No cost to county/ budget impact _____

Department Director signature: 

Turn into County Treasurer.

STEP 2- (to be filled out by County Treasurer)

1. Is everything in order? ___ YES / NO _____

2. Funding Proposal acceptable? ___ YES / NO _____

3. Unique identifier assigned to grant (for tracking purposes only): _____

Signature of County Treasurer  Date: 3/10/26

Forward to Grant Oversight Committee - *Approved*

STEP 3

Approved to commence with the application process

Or

Needs Commissioner review and acceptance to submit



County Manager

3/10/26

Date

If the grant is awarded, you must submit award letter and contract to the County Manager. Go to STEP 4

STEP 4

The Grant has been awarded. You are authorized to commence with the scope of the grant received

County Manager

Date