

## 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: SAMHSA's Strategic Prevention Framework- Partnerships for Success for Communities

Department requesting grant: Public Health    Project Manager: Bridget O'Connor

Briefly state purpose: The purpose of the program is to reduce initiation and progression of substance use and expand the capacity of local community prevention providers serving communities with evidenced-based prevention strategies.

Proposed grant time period: Oct. 1, 2025 - Sept 30, 2030

Match required? None    Money in your budget? If so, where? \_\_\_\_\_

Long Term Budget Cost? No    Approximate Annual Budget Impact? None



Department Director signature:  
Turn into County Treasurer.

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

1. Is everything in order?   X   YES/NO \_\_\_\_\_    2. Funding Proposal acceptable?   X   YES/NO \_\_\_\_\_  
3. Unique identifier assigned to grant (for tracking purposes only): \_\_\_\_\_

Signature of County Treasurer   Alex Kimball   Date:   2/14/2025  

Forward to Grant Oversight Committee

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STEP 3

- Approved to commence with the application process  
Or  
 Needs Commissioner review and acceptance to submit

\_\_\_\_\_  
County Manager

\_\_\_\_\_  
Date

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

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STEP 4

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

\_\_\_\_\_

County Manager

Date