

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: BJA FY25 Comprehensive Opioid, Stimulant, and Substance Use, Site-Based Program (COSSUP)

Department requesting grant: _____ Public Health _____

Project Manager: __ Brandon Irwin _____

Briefly state purpose: \$1.3 Million over 3 years for a project designed to reduce overdoses and recidivism among people with substance use disorders (SUD) and co-occurring disorders in Cumberland County Jail (CCJ) through coordinated screenings, assessments, and linkages to evidence-based care in the jail and community.

Proposed grant time period: __ June 1, 2026- May 31, 2029 _____

Match required? \$ __ 0.00 _____

Money in your budget? If so, where? _ No money in the budget for this project _____

Long Term Budget Cost? Yes

Approximate Annual Budget Impact?

In the first year, FY27, there will be no budget impact for the county as the grant will pay 100% of the CCJ Reentry Coordinator salary and fringe. In FY28, the grant will fund 50% of the Reentry Coordinator salary and fringe and 50% will be funded within the CCJ budget for a total county budget impact of \$45,918. In FY29, the grant will fund 25% of the Reentry Coordinator and CCJ will fund 75% for a total county budget impact of \$70,581.75.

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: _____

Forward to Grant Oversight Committee

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