

Reaching Rural Cross-Sector Team Application

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| Lead Applicant Organization* |
|--|
| Applicant Agency/Organization Legal Name*: |
| Street Address*: |
| City or County*: |
| State*: |
| Employer Identification Number*: |
| Type of Applicant* |
| () County agency or entity |
| () City or township agency or entity |
| () Tribal entity |
| () Regional partnership |
| () Other - Write In (Required):* |
| What is the geographic location served by your agency?*: |
| What is the population size of the community/communities to be served by this project*: |
| Is the community of focus for this application considered rural as defined by the Rural Health Grants Eligibility Analyzer?* |
| () Yes |
| () No |
| If not, provide justification for why you believe your jurisdiction is rural.* |
| |

| Primary Contact for This Application* |
|--|
| First Name*: |
| Last Name*: |
| Job Title*: |
| Office/Agency*: |
| Phone Number*: |
| Email Address*: |
| |
| Project Coordination |
| Identify the project coordinator below.* |
| First and Last Name: |
| Office/Agency Name: |
| Job Title: |
| Email Address: |
| Phone Number: |
| |
| Project Planning Experience |
| How much experience does your jurisdiction have in cross-sector planning and collaboration?* |
| () Experienced |
| () Very Little |
| () None |
| Do you have an active criminal justice planning body in your community (often referred to as a crimina justice coordinating council)?* |
| () Yes |
| () No |
| |

| Has your community received a federal grant in the | e last five years to address substance use?* |
|--|---|
| () Yes | |
| () No | |
| List the grant name(s) and awarding agency/a | gencies:* |
| | - |
| Essay Questions | |
| How has substance use impacted your commu | unity or the region to be served?* |
| How has substance use impacted the agencies | represented on your proposed team?* |
| What strengths exist in your community or wonders and the course of the project to support | ithin the local collaborations that you can draw this planning initiative?* |
| How will this opportunity allow the team to or community's efforts to align in the past?* | vercome obstacles that have hindered your |

Team Members

Mandatory Team Member 1: A justice representative (e.g., prosecutor's office, defense organizations/agencies, sheriff's office, police department, community supervision [pretrial or probation], judicial officer).*

| First and Last Name: | |
|--|------------------|
| Office/Agency Name: | |
| Job Title: | |
| Email Address: | |
| Phone Number: | |
| Mandatory Team Member 2: A second justice representative (e.g., prosecutor's office, de organizations/agencies, sheriff's office, police department, community supervision [pretr probation], judicial officer) from a different agency than mandatory team member 1.* | |
| First and Last Name: | |
| Office/Agency Name: | |
| Job Title: | |
| Email Address: | |
| Phone Number: | |
| Mandatory Team Member 3: A public health official.* First and Last Name: | |
| Office/Agency Name: | |
| Job Title: | |
| Email Address: | |
| Phone Number: | |
| Mandatory Team Member 4: A substance use or co-occurring substance use and mental professional.* | health treatment |
| First and Last Name: | |
| Office/Agency Name: | |
| Job Title: | |
| Email Address: | |
| Phone Number: | |

Optional Team Member 5: To be determined by the applicant. First and Last Name: Office/Agency Name: Job Title: ______ Email Address: Phone Number: Optional Team Member 6: To be determined by the applicant. First and Last Name: Office/Agency Name: Job Title: _____ Email Address: Phone Number: TEAM COMMITMENT Each named team member must submit a letter that demonstrates cross-sector support of this project and agreement to participate in project activities, including active engagement in the virtual kickoff event, potential peer exchanges, onsite TA, regular communication with the project coordinator and site coaches, and assistance with developing the final comprehensive, cross-sector strategy for achieving the goals and the objectives of the planning process. Letters should respond to the following: 1. How can you, in your role, meaningfully contribute to the team's work over the next year and improve your community's response to substance use? We recognize that each sector plays a different role and that not every role is responsible for direct service delivery. 2. Express commitment to the time requirements. Important: If a team member is not an elected official, judge, or agency/department director, the individual must also submit a letter from their agency director indicating their support for the team member's engagement in the project. Attach a copy of each scanned, signed letter of commitment below: **Attach Files***