



FORM 2 – ORGANIZATIONAL OVERVIEW

The Applicant's Organization Overview section shall contain questions pertaining to the entity's project and plans following the completion of the project. Answer the prompts in detail. If there are any supporting documents and/or further explanation to the prompts that you would like to provide, please upload them to ShareFile, or send them to the POC with the title "Additional Information for Form 2".

Preparedness and Qualifications

Please provide a detailed description of the entity's previous experience with receiving grant funds. This shall include but not be limited to, experience receiving grant funds as a recipient or subrecipient. Describe experience in funding/implementing projects with the same focus, and prior experience implementing OUD and SUD services. Identify any individuals proposed to implement the project that have previous experience with grant management, or construction management. Describe the steps that the Applicant has taken to prepare to be able to fund this program within the allowable period of performance. Use the following questions as a guide for what information should be provided:

- Has a professional engineer/architect/construction company already been found?
- Is the project shovel ready within thirty (30) days of the Intent to Award?
- Will the project be completed within two (2) years from when the POP begins?
- Are these services similar to anything that the Applicant has previously implemented?

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Required Documents – Please include the organizational chart as a separate attachment. This check box is a reminder to submit the documentation. It is not required to select the check box.	
Organizational Chart	Include as an attachment

Services to be provided upon the completion of the proposed project – Please select all that apply to your project.		
Medically Managed Withdrawal	Yes	No
Social Detox Services	Yes	No
Crisis Stabilization	Yes	No
Other Medicaid funded SUD and OUD services as defined by the Continuum of Care Manual and Medicaid Behavioral Health Service Definitions	Yes	No
	If yes, please list the service name(s) below:	

Data and Needs Assessment

Provide data (qualitative or quantitative) to support the need for this project. Examples may include but are not limited to: surveys, needs assessments, and/or data analysis. Provide data on utilization of existing OUD and SUD services (if applicable). Describe the intended outcomes of the project.

Questions to answer in this narrative include:

What are the long term and short term intended outcomes from this project?

- What population will be served with this project?
- How do you know that your area needs these services?
- How many people do you anticipate utilizing these services once the construction is completed?

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Coordination and Collaboration

Describe your community involvement and document the strength of relationships with other agencies to achieve common goals. Information included would be a list of current agency subawards or contracts, evidence of working relationships and community partnering, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications.

Coordination and Collaboration Documentation- Selecting the box for the Letter of Support is not required but rather a reminder to submit the required documentation. Please select either Yes or No for the Regional Letter of Recommendation, check “Yes” if you are submitting a Regional Letter of Recommendation or select “No” if you are not submitting one.

Letter of Support (Required)	Include as an attachment
Regional Letter of Recommendation (Optional)	Yes No

Construction Project Narrative

Please describe the proposed project. Provide a detailed project description including site information, project management plans, and a timeline. The project description should include specific dimensions and square footage, as well as the number of rooms or areas added or improved. Please identify the proposed use of these rooms. Identify the period of performance for the proposed project. Please identify if you are leasing or purchasing/the owner of the building. Explain how you are planning for any contingencies/setbacks in the project.



Project Location	
Please select the county where the proposed project will occur from the drop-down list	Choose an item

Construction Documents: Please check “Yes” if you are submitting this documentation with your application. Please check “No” if these do not apply to your application and you will not be submitting the documentation.		
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Zoning Documents (If Applicable)	Yes	No
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Landlord Lease Agreement (If Applicable)	Yes	No
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Construction Project Types- Please select the type of project that you are proposing. For definitions for each type of project, please review the Request for Applications.		
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Construction of a New Facility	Yes	No
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Expansion/Renovations of an Existing Facility	Yes	No
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Sustainability Narrative

The Applicant must describe how services/facilities will be maintained for ten (10) years after completion of the Period of Performance (POP). Identify other partnerships and/or stakeholders that will assist in the maintenance of the facility and services upon the completion of the project. Describe the efforts that will be taken to ensure that services are funded once the construction is complete.