Cross-sector Collaboration Site Visit Opportunity:
Justice and Community Partnerships to Address
Substance Use

Peer Site Visit Request Form for Montgomery County, Ohio

Peer site visit request forms will not be accepted after May 16, 2024. Request forms will be reviewed and approved on a rolling basis, with submissions received by May 2, 2024, receiving priority consideration. Please submit your request by completing this form. Once you have completed the form and submitted your responses, you will receive a confirmation of receipt. If you have any questions at all, please email COSSUP@iir.com.

APPLICANT INFORMATION

Applicant agency*

_________________________________________________

Applicant jurisdiction (city/county or tribal government entity name and state)*

_________________________________________________

Type of applicant*

( ) County government
( ) City or township government
( ) Indian/Native American tribal government
( ) Other - Write In: _______________________________________________
PRIMARY CONTACT FOR MATTERS RELATED TO THIS REQUEST

Name*
_________________________________________________

Job Title*
_________________________________________________

Office/agency*
_________________________________________________

Phone Number*
_________________________________________________

Email Address*
_________________________________________________

Street address*
_________________________________________________

City/State/Zip code*
_________________________________________________
QUESTIONS

What makes now an opportune time to participate in the peer exchange? What interests your team about this opportunity? What do team members hope to learn that would benefit your community in addressing substance use?*

________________________________________________________________________
________________________________________________________________________

One of the goals of this initiative is to support peer learning between the teams that are selected to participate. What could your team contribute to other groups?*

________________________________________________________________________
________________________________________________________________________

MANDATORY TEAM MEMBERS

Applicants must commit to the participation of a diverse group of stakeholders to be considered for this exchange. Selected teams MUST confirm that their attendees can participate in the site visit within 5 days of selection, or an alternate team will be chosen. Selected teams will receive travel scholarships for up to four members, each of whom must be a stakeholder in one of the sectors identified in the Technical Assistance Request Requirements. One additional team member may attend if they can “self-fund” their travel with local dollars.

Mandatory Team Member 1*

Which sector does this team member represent?

[ ] A judge or judicial officer who has jurisdiction over child welfare or family court matters
[ ] A representative from a child welfare or child-serving agency
[ ] A representative from a local law enforcement agency
[ ] A representative from the local school system

Name*: _________________________________________________
Job Title*: _________________________________________________
Office/Agency*: _________________________________________________
Phone Number*: _________________________________________________
Email Address*: _________________________________________________
Mandatory Team Member 2*

Which sector does this team member represent?

[ ] A judge or judicial officer who has jurisdiction over child welfare or family court matters
[ ] A representative from a child welfare or child-serving agency
[ ] A representative from a local law enforcement agency
[ ] A representative from the local school system

Name*: _________________________________________________
Job Title*: _________________________________________________
Office/Agency*: _________________________________________________
Phone Number*: _________________________________________________
Email Address*: _________________________________________________

Mandatory Team Member 3*

Which sector does this team member represent?

[ ] A judge or judicial officer who has jurisdiction over child welfare or family court matters
[ ] A representative from a child welfare or child-serving agency
[ ] A representative from a local law enforcement agency
[ ] A representative from the local school system

Name*: _________________________________________________
Job Title*: _________________________________________________
Office/Agency*: _________________________________________________
Phone Number*: _________________________________________________
Email Address*: _________________________________________________
Optional Team Member 4

Which sector does this team member represent?

[ ] A judge or judicial officer who has jurisdiction over child welfare or family court matters
[ ] A representative from a child welfare or child-serving agency
[ ] A representative from a local law enforcement agency
[ ] A representative from the local school system

Name: _________________________________________________
Job Title: _________________________________________________
Office/Agency: _________________________________________________
Phone Number: _________________________________________________
Email Address: _________________________________________________

ADDITIONAL TEAM MEMBER

Each team may send one additional member (for a total of five) if it can support that member’s travel expenses with local funding. Do you intend to send an optional team member?*

( ) Yes
( ) No

Additional Team Member

Which sector does this team member represent?

[ ] A judge or judicial officer who has jurisdiction over child welfare or family court matters
[ ] A representative from a child welfare or child-serving agency
[ ] A representative from a local law enforcement agency
[ ] A representative from the local school system
[ ] Other - Write In

Name: _________________________________________________
Job Title: _________________________________________________
Office/Agency: _________________________________________________
Phone Number: _________________________________________________
Email Address: _________________________________________________
Thank You!

Thank you for submitting your Peer Site Visit Request form. Applications will be reviewed on a rolling basis so we will get back to you soon! Please reach out to COSSUP@iir.com with any questions.