



Reaching Rural Cross-Sector Team Application

To apply, complete the application online at <http://s.iir.com/RR3-Team>. This application form should be used if you are applying as a team, and not an individual. Click [here](#) for the individual application form if you are applying as an individual and not as a team

All required application components must be submitted no later than 5:00pm ET on December 16, 2024. Questions about your application? Please send an email to info@coscup.org.

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 criminal justice coordinating council)?*

Yes

No

Has your community received a federal grant in the last five years to address substance use?*

Yes

No

If yes, list the grant name(s) and awarding agency/agencies:*

Essay Questions

How has substance use impacted your community 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 within the local collaborations that you can draw upon over the course of the project to support this planning initiative?*

What gaps or barriers exist in your community as it relates to addressing substance use in justice-involved individuals?

How will this opportunity allow the team to overcome obstacles that have hindered your community's efforts to align in the past?*

If known, please describe any specific programs or policies related to addressing substance use that your community would benefit from implementing or expanding.

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, defense organizations/agencies, sheriff's office, police department, community supervision [pretrial or 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 health care system representative (e.g. public health department, hospital, emergency medical services [EMS], etc.)*

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 health treatment professional*

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: _____

Does your proposed Reaching Rural team include members of an existing treatment court team?

Yes

No

If yes, please describe your proposed team members' willingness to work on ideas and solutions that extend outside of their existing treatment court and serve a broader group of community members.

TEAM COMMITMENT

Each named team member must sign and submit a letter indicating an understanding of and commitment to participating in all required Reaching Rural activities. A template for this letter is included in the solicitation.

If a team member is not an elected official, judge, or agency/department director, their agency director must also sign the letter of commitment, indicating their support for the team member's engagement in this project.

****There are mandatory attendance requirements to in-person activities. Please refer to the solicitation and letter template for more information.****

Attach a copy of each scanned, signed letter of commitment below:

Attach Files: Up to ten files can be attached.*
