Reaching Rural Cross-Sector Team Application

**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

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?*

____________________________________________

____________________________________________

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

____________________________________________

____________________________________________
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 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 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: _________________________________________________

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*