



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## Washoe Opioid Abatement and recovery Fund Application Questions and eCivis Instructions



**WASHOE COUNTY**  
**Office of the County Manager**  
**Community Reinvestment Division**

**This document is for example only, official application submission occurs in Washoe County's web-based grants management system, eCivis; hard copy, digital or other forms of 'submission' will not be scored. All fields are mandatory, and application is required to be completed in its entirety. Word limitations are considered maximum word counts. Applicant may choose to write fewer words.**

**To access the eCivis application click [here](#).**



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Organization Name:	Click or tap here to enter text.
Primary Business Address:	Click or tap here to enter text.
Mailing Address: (If different)	Click or tap here to enter text.
Phone:	Click or tap here to enter text.
Executive Director/CEO/Department Head:	Click or tap here to enter text.
Primary Contact for Proposal:	Click or tap here to enter text.
Primary Contact Email Address:	Click or tap here to enter text.

As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization's application hereby submitted is accurate and complete.

Signed: \_\_\_\_\_ Date: Click or tap to enter a date.

Print Name: Click or tap here to enter text. Title: Click or tap here to enter text.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

A. ORGANIZATION TYPE. Define the primary applicant's organization type as registered with the State of Nevada Secretary of State Office. Note: Different funding sources have limits on type of organizations that may receive funding. If unsure, refer to your business license. You must check one.

Washoe County Department or Program

Public Agency Other than Washoe County       501(c)(3) Nonprofit

For Profit Business    Higher Education    Tribal

Other Click or tap here to enter text.

## B. APPLICANT ORGANIZATION

ALL SECTIONS OF THE APPLICANT ORGANIZATION ARE MANDATORY. 'N/A OR NOT APPLICABLE IS NOT ACCEPTABLE. APPLICANTS THAT DO NOT PROVIDE A FEDERAL TAX IDENTIFICATION NUMBER AND A DUNS/UEI NUMBER WILL BE DISQUALIFIED AND THE APPLICATION WILL NOT BE SCORED.

ORGANIZATION NAME	Click or tap here to enter text.
MAILING ADDRESS	Click or tap here to enter text.
PHYSICAL ADDRESS	Click or tap here to enter text.
CITY	Click or tap here to enter text. NV
ZIP (9-DIGIT ZIP REQUIRED)	Click or tap here to enter text.
FEDERAL TAX ID #	Click or tap here to enter text.
DUNS/UEI NUMBER	Click or tap here to enter text.
TIN/EIN	Click or tap here to enter text.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## C. PROGRAM POINT OF CONTACT

**PROGRAM CONTACT IS INDIVIDUAL WHO WILL BE RESPONSIBLE FOR THE ACTIVITIES OF THE GRANT.**

NAME	Click or tap here to enter text.	
TITLE	Click or tap here to enter text.	
PHONE	Click or tap here to enter text.	
E-MAIL	Click or tap here to enter text.	
SAME MAILING ADDRESS AS SECTION B? <input type="checkbox"/> YES <input type="checkbox"/> NO, USE BELOW ADDRESS INFORMATION		
ADDRESS	Click or tap here to enter text.	
CITY	Click or tap here to enter text.	NV
ZIP (9-DIGIT ZIP REQUIRED)	Click or tap here to enter text.	

## D. FISCAL OFFICER

**FISCAL CONTACT IS INDIVIDUAL RESPONSIBLE FOR THE BUDGET AND REIMBUREMENT REQUESTS.**

NAME	Click or tap here to enter text.	
TITLE	Click or tap here to enter text.	
PHONE	Click or tap here to enter text.	
EMAIL	Click or tap here to enter text.	
SAME MAILING ADDRESS AS SECTION B? <input type="checkbox"/> YES <input type="checkbox"/> NO, USE BELOW ADDRESS INFORMATION		
ADDRESS	Click or tap here to enter text.	
CITY	Click or tap here to enter text.	NV
ZIP (9-DIGIT ZIP REQUIRED)	Click or tap here to enter text.	



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## E. KEY PERSONNEL (ADD ROWS IF REQUIRED)

KEY PERSONNEL ARE DIRECTLY RESPONSIBLE FOR PROJECT DELIVERABLES. Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide proposed services. The Project Manager is required.

Click or tap here to enter text.	Project Manager (Mandatory Field) If licensed, License Type: License Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## F. THIRD PARTY (E.G. MEDICAID) PAYER IDENTIFICATION

A RESPONSE OF YES MEANS YOU ARE CURRENTLY ENROLLED AS A PROVIDER AND NOT THAT YOU ARE IN THE PROCESS.

Are you currently a registered provider with the Division of Health Care Finance and Policy (DHCFP) – Nevada Medicaid? Yes  No

Are you currently registered as a provider with Health Plan of Nevada? Yes  No

Are you currently registered as a provider with United Health Care? Yes  No

Are you currently registered as a provider with Blue Cross/Blue Shield Anthem? Yes  No

Are you currently registered as a provider with Silver Summit? Yes  No

Identify any other third-party payors (e.g., insurance companies) billed by your organization.

[Click or tap here to enter text.](#)

Current provider types (PT) for third-party payors:

- PT 11 Hospital, Inpatient Yes  No
- PT 12 Hospital, Outpatient Yes  No
- PT 13 Psychiatric Hospital Yes  No
- PT 14 Behavioral Health Outpatient Yes  No
- PT 17 Specialty Clinic (e.g. CCBHC, FQHC) Yes  No
- PT 20 Physician Yes  No
- PT 26 Psychologist Yes  No
- PT 32 Community Paramedicine Yes  No
- PT 47 Indian Health Programs and Tribal Clinics Yes  No
- PT 54 Targeted Case Management Yes  No
- PT 60 School Based Yes  No
- PT 63 Residential Treatment Center (RTC) Yes
- PT 82 Behavioral Health Rehabilitative Treatment No Yes  No



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Other, Please Define: Click or tap here to enter text.

## G. CERTIFICATION OF PROVIDER

ANSWERS ARE SPECIFIC TO THE ORGANIZATION CERTIFICATION AT THE TIME OF THE SUBMITTAL AND NOT ANY TEAM MEMBER CERTIFICATIONS.

Are you JCAHO (Joint Commission) Certified? Yes  No

Are you SAPTA Certified under Nevada Revised Statute (NRS) 458, and Nevada Administrative Code (NAC) 458 and do you have a minimum of two (2) years providing substance use disorder treatment? Yes  No

OR, are you able to provide memorandums of understanding (MOU)'s with community partners who will provide treatment and are able to provide proof of SAPTA certification in good standing? Yes  No

Please identify any additional certifications your organization (not individuals) hold: Click or tap here to enter text.

## H. CURRENT FUNDING (FEDERAL, STATE, AND PRIVATE FUNDING). NOTE: FAILURE TO PROVIDE ALL FUNDING MAY RESULT IN DISQUALIFICATION. PRIVATE DONATIONS MAY BE IDENTIFIED IN ONE-LINE.

FEDERAL, STATE AND PRIVATE FUNDING. PRIVATE FUNDING MAY BE IDENTIFIED AS TOTAL. ANY FEDERAL OR STATE FUNDS MUST BE DETAILED OUT. THIS INCLUDES ALL FEDERAL OR STATE GRANTS. STATE GRANTS ARE NOT PRIVATE FUNDING.

Funding	Type	Project Period End Date	Current or Previous Amount Awarded (\$)
Example: State Opioid Response Grant	Grant	September 2023	\$100,000
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			





# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## I. POPULATION TO BE SERVED

- Adults
- Youth/Adolescents
- Black, Indigenous, People Of Color (BIPOC) Communities
- Individuals and Families Involved Or At-Risk For Being Involved With The Criminal Justice Or Juvenile Justice System
- Individuals Who Are Homeless
- Parents Of Dependent Children
- Persons And Families Involved In Child Welfare System
- Persons Who Are Lesbian, Gay, Bisexual, Transgender, And Questioning
- Persons Who Are Pregnant
- Rural/Frontier Communities
- Tribal Entities
- Veterans

## J. PRIORITY AREA

- PRIORITY 1: ENSURE FUNDING FOR THE ARRAY OF OPIOID USE DISORDER TREATMENT SERVICES FOR UNINSURED AND UNDERINSURED WASHOE COUNTY RESIDENTS.
- PRIORITY 2: INITIATING BUPRENORPHINE IN THE EMERGENCY DEPARTMENT (ED), AS WELL AS DURING INPATIENT HOSPITAL STAYS, AND CARE NAVIGATORS TO ASSIST WITH SETTING UP OUTPATIENT RESOURCES FOR CONTINUED CARE AND MANAGEMENT.
- PRIORITY 3: USE A MULTIDISCIPLINARY APPROACH TO PROVIDING OVERDOSE PREVENTION OUTREACH AND EDUCATION, INCLUSIVE OF UNDER RESOURCED COMMUNITIES, SUCH AS BIPOC COMMUNITIES, IN A CULTURALLY AND LINGUISTICALLY APPROPRIATE MANNER (ORGANIZATIONS, MEDIA, CHURCHES).
- PRIORITY 4: IMPLEMENT CHILD WELFARE BEST PRACTICES FOR SUPPORTING FAMILIES IMPACTED BY SUBSTANCE USE.
- PRIORITY 5: INCREASE DETOXIFICATION AND SHORT-TERM REHABILITATION PROGRAM CAPACITY.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## K. PROJECT ABSTRACT

The project abstract serves as a succinct description of the proposed project and a description of how the funds will be used. The abstract should be clear, accurate, concise, and without reference to other parts of the application. Abstract should be single spaced, do not exceed 500 words. (Name, Priority Area and Estimated Budget do not count towards the words.)

NAME OF PROJECT: Click or tap here to enter text.

Click or tap here to enter text.

Estimated Budget Year One (Pull from Budget)

Click or tap here to enter text.

Estimated Budget Year Two (Pull from Budget)

Click or tap here to enter text.

List the Eligible Strategy(ies) According to the Settlement Agreements (Appendix A):

## L. ORGANIZATIONAL CAPACITY DESCRIPTION

The Organization Description must include an overview of the organization its structure, and relevant experience. Describe organization’s history working to address opioid use, qualifications, and experiences to implement the proposed project. Speak to how the program will incorporate the voice of people with lived experience in programming. (Maximum of 1000 words.)

Click or tap here to enter text.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## M. PROJECT DESIGN AND IMPLEMENTATION

The Project Design and Implementation must provide a detailed description of the program that is proposed to be funded. The following questions must be answered concisely and completely. Maximum of 250 words per question.

1. Describe how the project will address Target Population.

Click or tap here to enter text.

2. Describe the program activities and how they relate to the overall objectives of opioid abatement and recovery and meet the requirements of the identified opioid priorities.

Click or tap here to enter text.

3. Describe the program goals and how the program activities will lead to accomplishing the objectives.

Click or tap here to enter text.

4. Describe how many unduplicated individuals will be served monthly and annually.

Click or tap here to enter text.

5. Define the evidence-based practice(s) or promising practice(s) being utilized or proposed to be used.

Click or tap here to enter text.

6. Describe how the project differs from existing services and supports within the organization.

Click or tap here to enter text.

7. Describe how the project design and implementation will incorporate the voice and leadership of people with lived experience.

Click or tap here to enter text.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

8. Describe how proposed services meet the requirements of being culturally inclusive and what activities will be done to reach underserved priority populations.

Click or tap here to enter text.

## N. CAPABILITIES AND COMPETENCIES

Describe the capabilities of your organization, partners, and/or contractors to successfully implement the project. This section must also state the competencies of the staff assigned to the project. Describe the roles, experiences (including lived experience with substance use disorder), and tenure of key employees who will be running the day-to-day operations of the project. Maximum of 1000 words.

Click or tap here to enter text.

## O. DATA COLLECTION AND EVALUATION

Describe the data and systems that the organization currently utilizes to collect and assess programmatic data. Include who collects the data, who evaluates the data and how the data are used to guide and evaluate current program activities. Identify if the organization has an electronic health record system, and what that system is. (The state and County will work with the selected organizations to define the requirements for data collection which may include Client Level Data System (CLDS), GPRA, TEDS, or other data collection/systems) Maximum of 750 words.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Click or tap here to enter text.

## SCOPE OF WORK

Provide a description of the services proposed that includes objectives, strategies and performance measures and how the data will be collected to assess the performance measure. The County will work with selected providers to finalize the performance measures associated with the scope of work. (Please note: Certain areas will have specific standards and goals which will be added prior to start of contract)

Describe the primary goal the program intends to accomplish with this proposal:

Goal 1: Click or tap here to enter text.

Objective	Activities   Strategies	Performance Measure and data source
1.	1.	1.
2.	2.	2.

Describe the secondary goal the program intends to accomplish with this proposal:

Goal 2: Click or tap here to enter text.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Objective	Activities   Strategies	Performance Measure and data source
1.	1.	1.
2.	2.	2.

Additional goals the program intends to accomplish with this proposal (optional):

Goal 3: Click or tap here to enter text.

Objective	Activities   Strategies	Performance Measure and data source
1.	1.	1.
2.	2.	2.

Goal 4: Click or tap here to enter text.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Objective	Activities   Strategies	Performance Measure and data source
1.	1.	1.
2.	2.	2.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## P. Project Manager CV/Resume (One-Page)

Insert a brief resume/biography with highlights of the Program Manager (from Section F), who is responsible for the program deliverables to include education, licensure, and applicable experience for the proposed scope of work. The County may request additional resumes or CVs based on described program activities. Do not exceed 400 words.

Click or tap here to enter text.

## Q. SUSTAINABILITY

Describe the methods the organization will use to reduce the organization's reliance on the opioid settlement funds (e.g. Medicaid billable, increased other forms of funding, etc.), address the shortage professionals, and remediate secondary trauma and staff burnout. Do not exceed 500 words.

Click or tap here to enter text.

## R. BUDGET EXCEL TEMPLATE & INSTRUCTIONS

Budget Template is required to be attached as a separate excel document. No Text or Information in this Box. The Excel Document must be attached to the application as a separate document. The template is a separate Excel document located with the NOFO at:

<https://www.washoecounty.gov/mgrsoff/divisions/Community%20Reinvestment/WOARF/nofo.php>





# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Budget Narrative Template Attached

No Text or Information in this Box. The Excel Document must be attached to the application as a separate document. The template is a separate Excel document located with the NOFO at:

<https://www.washoecounty.gov/mgrsoff/divisions/Community%20Reinvestment/WOARF/nofo.php>



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## FINANCIAL ASSESSMENT

### Organizational Experience

1) Describe the number of years (experience) that your entity has in managing federal, state or county direct, or pass-thru, funds: [Click or tap here to enter text.](#)

2) Does your entity have any pending lawsuits, or questioned costs now, or in any previous audit (in last 2 years)?  Yes  No

If yes, describe: [Click or tap here to enter text.](#)

3) Describe number of years that your entity has been performing similar services proposed in upcoming subgrant: [Click or tap here to enter text.](#)

### Project Complexity

4) Describe the partner organizations your entity will be coordinating with to effectively accomplish the expectations of the project: [Click or tap here to enter text.](#)

5) Describe any subrecipients or contractors expected on this project: [Click or tap here to enter text.](#)

### Compliance History

6) Has your entity been untimely in submission of previous project documentation (e.g., budgets, reimbursement requests, reports etc.)?  Yes  No

a. If yes, describe: [Click or tap here to enter text.](#)

7) Does your entity have findings in any recent audit reports?  Yes  No

a. If yes, describe: [Click or tap here to enter text.](#)

### Staff Experience

8) Describe any staff turnover, or entity reorganization, that have occurred in the last 12 months: [Click or tap here to enter text.](#)

9) Does staff assigned to upcoming project have more than 2 years of experience in managing similar projects?  Yes  No



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## Financial Systems

10) Does your entity have written internal controls?  Yes  No

a. Where can they be accessed for review? [Click or tap here to enter text.](#)

11) Does your entity have written financial management policies and procedures?  Yes  
 No

a. Where can they be accessed for review? [Click or tap here to enter text.](#)

12) Does your entity utilize a software or program to assist in financial management?

Yes  No

a. Describe: [Click or tap here to enter text.](#)

13) Does this software or program allow the entity to identify the receipts and expenditure of program funds separately for each award and award year?  Yes  
 No

a. Describe: [Click or tap here to enter text.](#)

14) Describe entity ability to account for time and effort by cost objective or category for each grant: [Click or tap here to enter text.](#)

15) Describe entity process for recording expenditures for each cost category within the grant (i.e., personnel, travel, other, contractual etc.): [Click or tap here to enter text.](#)

16) Does entity have a federally approved indirect cost rate?  Yes  No

## S. CONFLICT OF INTEREST ATTESTATION

Attach the form found on the website:

<https://www.washoecounty.gov/mgrsoff/divisions/Community%20Reinvestment/WOARF/nofo.php> to your application.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

## Step by Step eCivis Instructions

Use this link to access the eCivis Portal for Washoe County Community Reinvestment Grant Program: [https://gn.ecivis.com/GO/gn\\_redir/T/1ppacq4rakprd](https://gn.ecivis.com/GO/gn_redir/T/1ppacq4rakprd)  
Read through the solicitation information and download the necessary attachments from the Files tab.

**Apply**

Overview	Eligibility	Financial	Contact	Files
<b>ID:</b>	American Rescue Plan Act State and Local Fiscal Recovery Funds			
<b>Title:</b>	Washoe County Community Reinvestment Grant Program			
<b>Application Start Date:</b>	05/31/2022			
<b>Application End Date:</b>	07/15/2022			
<b>CFDA:</b>	21.027			
<b>Reference URL:</b>	<a href="https://www.washoecounty.gov/ARPA/community-grant.php">https://www.washoecounty.gov/ARPA/community-grant.php</a>			

**Summary:**

The Washoe County Community Reinvestment Grant Program offers \$4,000,000 in funding to eligible nonprofits that provide services in Washoe County that can aid in a strong and equitable recovery. The County requests proposals for projects or programs to help the community recover from COVID-19, align with the priorities of ARPA-SLFRF funding, and further the County's strategic goals.

The grant program is intended to address:

- Negative economic impacts spurred or exacerbated by the pandemic;
- Systemic community challenges through improved service delivery; and
- Planning and preparation for future events that cause service disruptions.

In general, projects will be prioritized that partner or collaborate with existing Washoe County services or address issues related to:

- Childcare
- Mental and emotional health and wellbeing
- Community violence and child neglect
- Promote internet access
- Outdoor recreation and trails, or
- Assist individuals to gain skills that will bolster their economic potential.

Click "Apply". This will bring you to a sign-in page where you will be asked to create a Profile. Click Create an account and input your information.

**eCivis**

My Applications  
My Awards  
My Profile

Washoe County  
OCM - Community Reinvestment  
Washoe County Community Reinvestment Grant Program

**Create New Application**

Show: 10 entries Search: [input field]

Grant Application	Create Date	Status	Actions
No applications have been saved or submitted			

Showing 0 to 0 of 0 entries

Previous Next

Reload

Click "Create New Application". Once again, Sign-In [Log in with your credentials again to access your application's account] using your login information. Please note that



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

there is a scrolling section within the larger page structure. Your browser may not show the full application portal.

Also, note the Applications Budget and Goals section at the bottom of the page. This is where you will enter your project budget.

Washoe County  
OCM - Community Reinvestment  
Washoe County Community Reinvestment Grant Program

For any questions related to this program solicitation please contact [communitygrants@washoecounty.gov](mailto:communitygrants@washoecounty.gov)

[Create New Application](#) [Back to Solicitation](#)

Application Submissions

Sign In

[Log in with your credentials again to access your application](#)

Sign In/Sign Up Instructions

**For New Users:**

By clicking **Sign Up**, you will be prompted to enter your email address and create a password. Once you have chosen your password, your account will be created and you will gain access to the portal.

Applications Budget and Goals

Show 10 entries Search:

Project Title	Create Date	Status	Total Requested	Actions
N/A	05/31/2022	Draft	\$0.00	

Showing 1 to 1 of 1 entries

Previous 1 Next

Reload

Please click the "Open" button to begin. You can save and return to this page to edit your Profile until completed. You can view your Profile by clicking "Edit". You cannot move forward until you have completed your Profile. After, you create your profile, your screen should look like this:



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

The screenshot displays the eCivis interface for Washoe County. At the top right, the user is identified as Carissa Bradley with a 'Log out' option. The main content area is titled 'Washoe County OCM - Community Reinvestment' and includes a contact email: [communitygrants@washoecounty.gov](mailto:communitygrants@washoecounty.gov). Below this are buttons for 'Create New Application' and 'Back to Solicitation'.

The 'Application Submissions' section contains instructions and a list of submissions. A red circle highlights the 'Application' button on a submission card titled 'Untitled', which was created on 05/31/2022.

**Application Submissions**

To begin, click the "+Application" button below. When you return to this Homepage, you can see the status of your submission by the colored status bar below the submission card.

- If the status bar is gray, your submission is under review, and no action needs to be taken.
- If the status bar is blue, there is an action required. Click on the Submission Card to complete.
- If the status bar is red, there is an error. Please reach out to the Administrator of this program.

**Applications Budget and Goals**

Show 10 entries Search:

Project Title	Create Date	Status	Total Requested	Actions
N/A	05/31/2022	Draft	\$0.00	

Showing 1 to 1 of 1 entries Previous 1 Next

Reload

Click through to the Application and input your Application Information.



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Application Submissions

## Untitled

When you have completed the application, it will no longer state "Action Required," but "Complete." The "Submit" button will turn green, which indicates that you can now submit.

**Application**

When every step in this submission is complete, the "Submit" button to the right will become green and clickable.

The submission is not fully submitted until you click the green "Submit" button. Once you click "Submit" the submission will no longer be editable.

There are 45 days remaining to submit this.

Submit

**My Application** Action Required

Navigate to your application by clicking on the button to the right.

Open

## Budget Application

Attach your detailed budget breakdown (Budget Narrative Workbook) to the Application submission under the Upload Budget Worksheet section.

Then, scroll on the outside section to enter your detailed budget into the portal. Found here in the red circle.

**Upload Budget Worksheet \***

Use the excel spreadsheet included in the Files section of the solicitation to guide your budget development. You will enter these amounts into the "Applications Budget and Goals" section. Your spreadsheet should match the input portal.

+ Select a file  ?

**Is your budget request scalable? \***

TEST

Applications Budget and Goals

Show 10 entries Search:

Project Title	Create Date	Status	Total Requested	Actions
N/A	05/31/2022	Draft	\$0.00	

Showing 1 to 1 of 1 entries

Previous 1 Next

Reload



# Opioid Abatement and recovery Fund Application Questions and eCivis Instructions

Click each budget category to enter your specific line items by clicking the icon “Add Table”

Budget Items

1. Salary

	Ext Cost	Direct Cost	Ind Cost	Cost Share
Salary Totals:	\$0.00	\$0.00	\$0.00	\$0.00

+ Add Subcategory for Salary

+ Add Table

Add all necessary budget items into the tables you create.  
You do not need to enter anything into the Goals section.  
Once the Application and Budget have been completed, you will Submit