

# Virginia Opioid Abatement Authority

## Sample Cooperative Agreement

WHEREAS, the mission of the Virginia Opioid Abatement Authority (OAA) is to abate and remediate the opioid epidemic in the Commonwealth through financial support in the form of grants, donations, or other assistance; and

WHEREAS, the OAA operates a financial assistance program to support certain cooperative partnerships of cities and/or counties in Virginia that implement regional efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids; and

WHEREAS, the cities and/or counties listed below have committed to work together to develop and jointly submit an application for regional cooperative partnership funding from the OAA; and

WHEREAS, at least two of the cities and/or counties listed below are located within the same region of the Department of Behavioral Health and Developmental Services; and

WHEREAS, the cities and/or counties and other organizations listed below agree they will execute a legally binding agreement formalizing the cooperating partnership if the application for financial assistance is approved; and

WHEREAS, the cities and/or counties and other organizations listed below agree that insert name of city or county will serve as the fiscal agent for the cooperative partnership if it is awarded; and

WHEREAS, the cities and/or counties and other organizations listed below seek a total of insert amount in grant funding from the OAA for Fiscal Year 2024.

*WHEREAS, insert name of city or county has committed to allocate enter amount of its Individual Distribution from the OAA to this project for Fiscal Year 2024.*

NOW, THEREFORE, BE IT RESOLVED, the cities and/or counties and other organizations listed below hereby authorize insert name of city or county acting as fiscal agent to execute the cooperative partnership grant application to the Virginia Opioid Abatement Authority and to execute all documents in connection therewith.

Name of City, County, or Organization	Printed Name of Authorized Signor	Title of Authorized Signor	Signature

*\*\*Italicized section is optional and only required if a participating city or county is allocating their Individual Distribution to the project. If multiple cities and/or county are allocating, create an additional line for each.*