FY 2021 Competitive Subaward Solicitation

Combating Overdose through Community-level Intervention

Cover Sheet Form

1. **Project Title:**
2. **Tier: (Check one) 🞏 Tier 1 🞏 Tier 2 🞏 Tier 3**

**Project Priority Areas: (Check all that apply) 🞏 1 🞏 2 🞏 3 🞏 4 🞏 5**

1. **Applicant Agency: Unique Entity Identifier:**

Address: EIN NUMBER:

1. **Implementing Agency:**

Address:

1. **Start Date: End Date:**
2. **Preparer Information: Email:**

Address: \_ Phone:

1. **Project Director: Email:**

Address: \_ Phone:

1. **Fiscal Officer: Email:**

Address: Phone:

1. **Civil Rights Contact: Email:**

Address: \_ Phone:

Summary 150 words or less: