



Section V: Additional Attachments

Label each attachment with the names listed below.

1. **ORGANIZATION List of Names and Qualifications of Key Staff (required)** – *Please do not include job descriptions or résumés.*

Please provide the name and title of key staff involved in this application and project/program, and please specify what contributions they intend to make to the project/program.

In a separate section: If the submitted Budget and Workplan proposes new personnel/staff, or expanded funding for existing staff members, please describe the intended role and contributions of the prospective staff members.

2. **Regional Opioid Abatement Council(s) Letter of Acknowledgement (suggested)**
3. **Additional Letters of Support (optional)**
4. **Applicant or Implementing ORGANIZATION(s) Evaluation Results (optional)** - Provide the most recent evaluation results or findings relevant to this request.