



COAC Round 4 Infrastructure Funding Opportunity

Section II: Application Questionnaire

Download a copy of this PDF. Fill out all the required fields, which should be editable (using Adobe or similar program). Please proceed through the **whole document** to ensure all the required fields are filled in. If you encounter issues, please contact us at coac@coag.gov for assistance.

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Implementing Organizations

This section is to be completed **only** if there is an Implementing Organization other than the Applicant (Organization) involved in the project/program.

Partnerships (across Agencies, Regions, and organizations) are possible and highly encouraged. If the application involves more than one organization, the Applicant should demonstrate (in the Narrative section) evidence of prior interaction and responsible partnership among the various organizations.

Implementing Organization #1 (if applicable)

Name of Entity:

Address of Entity:

Which Colorado **counties** does this organization primarily serve?

EIN # of implementing organization (if available):

Under what name is the organization registered/doing business as (DBA) with the [Colorado Secretary of State](#)? If the entity is not currently registered with the Secretary of State's Office, please explain.

Primary Contact (Name, title, email, phone #):

Secondary Contact (name, title, email, phone #):

Annual operating budget of the organization (in dollars):

In a given 12-month period, approximately what percentage (%) of the organization's funding comes from each of the following categories?

Federal grants:

State grants:

Local grants:

Medicaid billing:

Private insurance billing:



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Charging clients directly (if applicable):

Private fundraising:

Other:

If selecting "Other" please describe below:

Implementing Organization #2 (if applicable)

Name of Entity:

Address of Entity:

Which Colorado **counties** does this organization primarily serve?

EIN # of implementing organization (if available):

Under what name is the organization registered/doing business as (DBA) with the [Colorado Secretary of State](#)? If the entity is not currently registered with the Secretary of State's Office, please explain.

Primary Contact (Name, title, email, phone #):

Secondary Contact (name, title, email, phone #):

Annual operating budget of the organization (in dollars):

In a given 12-month period, approximately what percentage (%) of the organization's funding comes from each of the following categories?

Federal grants:

State grants:

Local grants:

Medicaid billing:

Private insurance billing:

Charging clients directly (if applicable):



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Private fundraising:

Other:

If selecting "Other" please describe below:

Implementing Organization #3 (if applicable)

Name of Entity:

Address of Entity:

Which Colorado **counties** does this organization primarily serve?

EIN # of implementing organization (if available):

Under what name is the organization registered/doing business as (DBA) with the [Colorado Secretary of State](#)? If the entity is not currently registered with the Secretary of State's Office, please explain.

Primary Contact (Name, title, email, phone #):

Secondary Contact (name, title, email, phone #):

Annual operating budget of the organization (in dollars):

In a given 12-month period, approximately what percentage (%) of the organization's funding comes from each of the following categories?

Federal grants:

State grants:

Local grants:

Medicaid billing:

Private insurance billing:

Charging clients directly (if applicable):

Private fundraising:



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If selecting "Other" please describe below:

Other:

Implementing Organization #4 (if applicable)

Name of Entity:

Address of Entity:

Which Colorado **counties** does this organization primarily serve?

EIN # of implementing organization (if available):

Under what name is the organization registered/doing business as (DBA) with the [Colorado Secretary of State](#)? If the entity is not currently registered with the Secretary of State's Office, please explain.

Primary Contact (Name, title, email, phone #):

Secondary Contact (name, title, email, phone #):

Annual operating budget of the organization (in dollars):

In a given 12-month period, approximately what percentage (%) of the organization's funding comes from each of the following categories?

Federal grants:

State grants:

Local grants:

Medicaid billing:

Private insurance billing:

Charging clients directly (if applicable):

Private fundraising:

Other:

If selecting "Other" please describe:



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Funding Matches

To be completed **only** if the project/program includes direct or in-kind funding matches.

A "direct" funding match refers to a monetary commitment (e.g., Applicant pledges \$50,000 to support the construction of a new facility). An "in-kind" funding match refers to a non-monetary commitment (e.g., Applicant pledges to use 2 existing vehicles to support transportation needs of project/program).

This funding match section is intended only for current or future committed funds (direct or in-kind) that are offered in support of a project/program. Funding matches are not a requirement of application.

Funding Match #1 (if applicable)

Total value of match (in dollars):

Name of entity or entities providing the funding match:

What kind of funding match is this? (drop-down menu)

Are these funds from **opioid settlements** or **other sources**?

By what date will the funding match be made available?

Description of funding match:

Funding Match #2 (if applicable)

Total value of match (in dollars):

Name of entity or entities providing the funding match:

What kind of funding match is this? (drop-down menu)

Are these funds from **opioid settlements** or **other sources**?

By what date will the funding match be made available?

Description of funding match:



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Funding Match #3 (if applicable)

Total value of match (in dollars):

Name of entity or entities providing the funding match:

What kind of funding match is this? (drop-down menu)

Are these funds from **opioid settlements** or **other sources**?

By what date will the funding match be made available?

Description of funding match:

Funding Match #4 (if applicable)

Total value of match (in dollars):

Name of entity or entities providing the funding match:

What kind of funding match is this? (drop-down menu)

Are these funds from **opioid settlements** or **other sources**?

By what date will the funding match be made available?

Description of funding match:



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Capital Campaign

To be completed **only** if the project/program is a Capital Campaign that requires additional fundraising.

Total cost estimated to **start** the project (in dollars):

Total cost estimated to **complete** the project (in dollars):

Estimated date of fundraising completion:

Current funds raised to-date for the project (in dollars):

List the name of the entities or sources that have contributed to the “current funds raised to-date” (including the amount of funding provided by each entity/source):

Apart from the COAC, please list other entities or funding sources the Applicant intends to pursue to fundraise for this capital campaign:



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Capital Assets

To be completed **only if the project/program involves the purchase or renovation of Capital Assets.**

Opioid Funds may be used to finance the purchase or renovation of Capital Assets (see Appendix A: Glossary of Terms, available on the [COAC webpage \(opens new tab\)](#), for a definition of Capital Assets) so long as the assets are used for opioid abatement Approved Uses as described in [Exhibit E \(opens PDF\)](#). Any Capital Asset financed with Opioid Funds shall be used for Approved Uses for a minimum of seven (7) years from the Award Date, notwithstanding an extension of the Award Cycle. Awardees shall provide an annual report in a format determined by the COAC regarding the status of the Capital Asset throughout the five-year period after the conclusion of the Award Cycle. If a Capital Asset is sold or is otherwise no longer used for Approved Uses within the reporting period without the pre-approval of the COAC, the COAC may take remedial action per the COAC Remedial Procedures. The COAC recommends that Capital Assets financed with Opioid Funds be used for Approved Uses for their asset life cycle beyond the seven-year monitoring period.

☐ *Please check this box to indicate that you have read and accept the terms described above.*