

**FY 2019 Competitive Subaward Solicitation  
Combating Opioid Overdose through Community-level Intervention**

**Cover Sheet Form**

1. Project Title: \_\_\_\_\_

2. Applicant Agency: \_\_\_\_\_ DUNS NUMBER: \_\_\_\_\_

Address: \_\_\_\_\_ EIN NUMBER: \_\_\_\_\_

3. Implementing Agency: \_\_\_\_\_

Address: \_\_\_\_\_

4. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

5. Preparer Information: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Project Director: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Fiscal Officer: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Civil Rights Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Summary 150 words or less:**