Appendix B
Dauphin County Opioid Remediation Municipal Grant Program
FY 2026-27 Application Cover Page

Applicant Legal Name: _____

Pa. Dept. of State Business File #: _____

Project Title: _____

Sponsor/Co-Applicant (if applicable): _____

Sponsor/Co-Applicant Contact: _____

Amount of Funding Request: _____

Title and Brief Summary of the Project:_____

Applicant Contact: _____

Phone: _____ Email: _____

Authorized Signatory (for contracts): _____

Authorized Signatory Title: _____

Phone: _____ Email: _____

Grant Writer (if applicable): _____

Phone: _____ Email: _____

Opioid Remediation Applicable Use(s):

Schedule A: Core Strategies: _____

Schedule B: Approved Uses: _____