



**DAVE YOST**  
OHIO ATTORNEY GENERAL

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**LAW ENFORCEMENT DIVERSION PROGRAM  
GRANT APPLICATION**

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This grant supports collaborative partnerships between local law enforcement and behavioral health treatment providers to assist in the replication or expansion of law enforcement diversion programs to address addiction. Programs should be modeled after the Drug Abuse Response Team (DART) and Quick Response Teams (QRT) initially created in Lucas, Hamilton and Summit counties. DART members provide 24-hour assistance to overdose survivors and their families, including treatment options, recovery support and other necessary services. QRT team members visit the overdose survivor at home within 72 hours of an overdose to offer counseling and referral to physical and mental health treatment services. During the visit, the QRT provides a resource packet offering phone numbers of treatment facilities and information about addiction.

## **NON-PERMISSIBLE USE OF FUNDS**

- Bonuses, fees, or reimbursable expenses associated with administrators, staff, board members and executive directors
- Capital campaigns
- Cellular service/equipment
- Contracts for audits
- Debt retirement, including mortgages, line-of-credit, etc.
- Entertainment
- Equipment/technology
- Food and beverages
- Fundraising events or donations to other organizations
- Indirect costs
- Legal costs or legal representation
- Political activity or lobbying
- Rent, utilities, insurance and taxes
- Salaries, benefits and overtime for personnel who are not directly responsible for the program
- Travel and related expenses
- Uniforms/clothing
- Vehicles

## **NOTICE REGARDING APPLICATION REVIEW**

1. The Ohio Attorney General may make use of resources beyond the materials submitted in each application and/or request additional documentation from applicants, as necessary. This may include, but is not limited to, documentation available from published and other sources related to the project and which supports or verifies the content of the application.
2. Requests for additional information from applicants will include a due date by which applicants must submit responses.
3. The Ohio Attorney General's Office reserves the right to make exceptions to these requirements and consider modifying program guidelines on a case-by-case basis.

## **APPLICATION SUBMISSION**

Submit the completed application and all attachments via email to **Mary Lynn Plageman at GrantsManagement@OhioAGO.gov**. The application deadline is **Friday May 30, 2025**.

## **CONTACT INFORMATION**

Office of Ohio Attorney General Dave Yost  
Attn: Mary Lynn Plageman  
30 E. Broad St., 17th Floor  
Columbus, OH 43215  
Phone: 614-728-2280  
Website: [www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)  
Email: [MaryLynn.Plageman@OhioAGO.gov](mailto:MaryLynn.Plageman@OhioAGO.gov)

## **ORGANIZATION INFORMATION**

Organization name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_

Is your organization tax-exempt under Section 501 (c)(3):                      Yes                      No

## **HEAD OF THE ORGANIZATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## **CONTACT PERSON INFORMATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## **WORK PLAN ESSAYS**

The Work Plan Essays explain the connections between the different components of the program or project. It is a useful tool for planning, implementation, and evaluation and for quickly explaining to others what your program is about.

1. What would the grant funds be used for?

2. The primary purpose of the grant is support of law enforcement programs that address the opioid epidemic. Please explain any desired expansion of the program considered necessary to meet the current needs of your community.

3. Outline objectives that will result from the proposed project. Objectives are specific, observable, time-framed and measurable.

4. Describe the steps necessary to accomplish your objectives, including an operational schedule for the project.

5. Who will be responsible for completing the work necessary to achieve the objectives? Please list all agency community partners. Treatment providers must be certified by the Ohio Department of Mental Health and Addiction Services.

6. Specify the indicators and measures to be used to determine whether your objectives have been met. The methodology, type of measurement utilized, and responsible individuals for collecting this data should be specified.

## PROJECT BUDGET

1. The amount of grant funding your organization was awarded in the previous grant cycle: \_\_\_\_\_
2. Using the table below, please provide an itemized budget for how the funds will be used from July 1, 2025, to June 30, 2026. This budget should be specific, providing a detailed breakdown of exactly how the funds will be used. *(If necessary, a separate budget sheet may be added.)*

Item Description/Unit	# of Items	X	Unit Cost	=	Total
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
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		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
			TOTAL		

3. Please provide a detailed description of the items included in the Project Budget table.

4. Please provide a time frame during which the funds will be used, including milestones and project completion.

5. Should you be using an amount of the funds, within the allowable range, for salary, what is your plan for funding the position(s) once the grant funds are exhausted?

## **ORGANIZATION AUTHORIZATION AND CERTIFICATION**

I understand that by signing this application, I grant the Ohio Attorney General's Office or its authorized agents access to any records for verification and evaluation of the information provided in this application. I understand that completion of the application does not guarantee that I will receive the requested grant.

I certify that the information I have provided in this application is, to the best of my knowledge, a true and accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state law for knowingly making false or fraudulent statements.

Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_