

REQUEST FOR PROPOSALS (RFP) TEMPLATE			
□ DRAFT			Submit RFPs to: VHEOC@virginia.ed
☐ FINAL *Limit to Two Pages*			Questions? Call 434-243-245
DATE SUBMITTED (mm/dd/yyyy):	<u> </u>	SUBMITTED BY:	
Name/Location of CSB			
CSB Project Contact(s) (Include name, title, email, phone number for point(s) of contact)			
Project Summary			
		ned CSB invites pr	oposals from the Virginia Higher Educatior
Opioid Consortium (VHEOC) for	the purpose of:		
Proposed Project Comple	tion Date (No later	than and of current	t funding evelor Sept. 20, 2020)
Troposcu Project comple	tion bute (No later	than end of current	trunding cycle. Sept. 30, 2020)
Project Scope of Work Re		ditional page if mor	e space is needed)
BASIS/NATURE OF PROBLE	<u>=IVI</u> :		
2 222 22 22 22 22 22			
2. PROJECT OBJECTIVES:			
3. SPECIFIC SERVICES/ACTIV	ITIES REQUESTED TO	ACHIEVE OBJECTI	VFS·
5. SI LEITIE SERVICES/ACTIV	TIES NEQUESTED TO	Acmeve objecti	<u>vE3</u> .