**[County Name] County Opioid Board**

**Application for Opioid Settlement Funding**

| Application due date | [application due date] |
| --- | --- |
| Anticipated notice of award | [award notice date] |
| Anticipated funding period | [funding period] |
| Submission date |  |

**Organizational Information**

| Organization name |  |
| --- | --- |
| Purpose of organization | |
| Type of organization  (501c3, for profit, governmental) |  |
| Federal tax ID number |  |
| Is your organization certified, licensed, or accredited by the state of TN? If yes, provide documentation. | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Amount of funding currently being received from [County Name] County and purpose |  |
| Street address |  |
| Email address |  |
| Phone number |  |
| Name of project director |  |
| Title of project director |  |
| Name of project contact |  |
| Title of project contact |  |

**Project Information**

| Project title: | |
| --- | --- |
| Project description: | |
| Project objectives: | |
| Project activities: | |
| Project partners or collaborators: | |
| Expected outcomes and how success will be measured: | |
| Project timeline: | |
| New or existing project? (Check one) | \_\_\_\_\_ New \_\_\_\_\_ Existing |
| If existing, have/will you receive grant funding from any other source for this project?    \_\_\_\_\_ Yes \_\_\_\_\_ No  If yes, amount: | |
| If existing, how will these funds be used to supplement rather than supplant the project? | |
| Will you charge a fee or bill insurances for the services provided with this project?  \_\_\_\_\_ Yes \_\_\_\_\_ No  If yes, please describe and provide estimated amounts: | |
| Is the project evidence-based or based on promising practices? (Provide links to supporting evidence)    \_\_\_\_\_ Yes \_\_\_\_\_ No    Link(s): | |
| Data to support the need for the project: | |
| Strategies that will be addressed with funds: Select all that apply | \_\_\_\_\_ Primary Prevention  \_\_\_\_\_ Harm Reduction  \_\_\_\_\_ Treatment  \_\_\_\_\_ Recovery Support  \_\_\_\_\_ Education & Training  \_\_\_\_\_ Research & Evaluation |
| Target population and geographical area | |
| Anticipated number of people served with awarded funds | |
| What percentage of funds awarded will be used to serve residents of [County Name] County? |  |
| How will this project meet the Board’s main objective of saving lives? | |

**Funding Information** (Must also submit a Budget Template)

| Total funding request | $ |
| --- | --- |
| Budget narrative: | |
| How will this project be sustained after the funding period? | |

**Checklist of Required Documents:**

\_\_\_\_\_ Application for funding

\_\_\_\_\_ Completed budget and budget narrative (template provided)

\_\_\_\_\_ Work plan (template provided)

\_\_\_\_\_ Current annual operating budget

\_\_\_\_\_ State certification, licensure, or accreditation if applicable

\_\_\_\_\_ Letters of support from any project partners or collaborators