**Sequatchie County Opioid Initiative Application for Opioid Settlement Funding**

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

**Organizational Information**

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| **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 Sequatchie 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**

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| **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 \_\_\_\_ NoIf 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 \_\_\_\_\_ NoIf yes, please describe and provide estimated amounts: |
| Is the project evidence-based or based on promising practices? (Provide links to supporting evidence)  \_\_\_\_\_ Yes \_\_\_\_\_ No  |
| **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 Sequatchie County?**  |  |   |
| **How will this project meet the Board’s main objective of saving lives?** |

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

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| **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