**Cocke County Opioid Board**

**Application for Opioid Settlement Funding**

|  |  |
| --- | --- |
| Application due date | February 23rd, 2024 (no later than 4pm EST) |
| Anticipated notice of award | April 15th, 2024 |
| Anticipated funding period | July 1st, 2024 – June 30th, 2025 |
| Submission date |  |

**Organizational Information**

|  |  |
| --- | --- |
| Organization name |  |
| Purpose of organization  |
| Type of organization(501c3, 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 Cocke County and purpose of these funds for substance use programs. |  |
| 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: |
| Expected outcomes and how success will be measured: |
| Project timeline:  |
| Project partners or collaborators:  |
| New or existing project? (Check one) | \_\_\_\_\_ New \_\_\_\_\_ Existing |
| If existing, have/will you receive funding from any other source for this project, including parent organizations?  \_\_\_\_\_ 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 Link(s): |
| 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 Cocke County?  |   |
| How will this project meet the Task Force’s main objective of mitigating substance misuse in Cocke County?  |

**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

 \_\_\_\_\_ Income statement

 \_\_\_\_\_ Audit documentation