



## DICKSON COUNTY OPIOID FUNDING APPLICATION

### **Applying Agency**

**Name:** Click or tap here to enter text.

**Date:**

**Federal Identification Number (FEIN#):** Click or tap here to enter text.

**Project Name:** Click or tap here to enter text.

**Amount Requested:** Click or tap here to enter text.

### **Contact person for matters involving the proposal**

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

### **Person authorized to sign contract if grant is awarded**

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

## **APPLICATION FOR GRANT FUNDING**

### **PROJECT INFORMATION**

Provide a brief, one-sentence description of your proposed project. (20 words)

Click or tap here to enter text.

Please choose the one area that best describes your agency's work.

- Addiction counseling/therapy
- Addiction treatment facility
- Drug prevention
- Drug testing
- Transitional housing
- Other: Click or tap here to enter text.

Select the population(s) served by your organization.

- Youth/adolescents
- High-risk individuals
- Individuals seeking counseling/therapy
- Individuals seeking recovery options
- Individuals currently in recovery
- Family members or loved ones impacted by addiction
- Other: Click or tap here to enter text.

How many individuals will be served by your organization in the upcoming year?

- 1 – 50
- 51 - 100
- 101 – 250
- >250

What percentage are Dickson County residents? Click or tap here to enter text.

Please select the area(s) that best describe the goal(s) of this proposed program.

**Treat Opioid Use Disorder (“OUD”):** Support treatment of OUD and any co-occurring Substance Use Disorders (“SUD”) or Mental Health (“MH”) conditions through evidence-based strategies or programs that may include the expansion of treatment availability, expansion of telehealth, withdrawal management services, and support for evidence-based services that adhere to the American Society of Addiction Medicine continuum of care for OUD and any co-occurring condition.

**Support People in Treatment and Recovery:** Support people in recovery from OUD and co-occurring SUD/MH conditions through evidence-based strategies or programs that may include counseling, access to housing, transportation to treatment, and case-management.

**Connections to Care:** Connect people who have or are at risk of developing OUD and any co-occurring SUD/MH conditions through evidence-based programs or strategies that may include ensuring health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat a patient for OUD treatment, providing training for Screening, Brief Intervention, and Referral Treatment (“SBIRT”) in key areas (health, schools, colleges, criminal justice, and probation), and supporting crisis stabilization centers and assistance programs for individuals with OUD.

**Address the Needs of Criminal Justice-Involved Persons:** Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-informed programs or strategies.

**Support the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome (“NAS”):** Address the needs of pregnant and parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with NAS through evidence-based programs or strategies that may include treatment, recovery services, training for obstetricians or other healthcare personnel, offering home-based wrap-around services to persons with OUD and co-occurring conditions such as parent skill training, and providing support for services, and funding related to children being removed from the home and/or being placed in foster care due to custodial opioid abuse.

**Preventing Over-Prescribing:** Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based programs or strategies that may include training for health care providers, support for non-opioid pain treatment alternatives, supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), increasing electronic prescribing to prevent diversion or forgery, and educating dispensers on appropriate opioid dispensing.

**Prevent Misuse of Opioids:** Support efforts to discourage or prevent misuse of opioids through evidence-based programs or strategies that may include funding media campaigns to prevent opioid misuse, public education related to drug disposal, drug take-back disposal or destruction programs, supporting evidence-informed prevention programs and curricula to address opioid-misuse or related SUD/MH conditions, and supporting access to mental health services for young people.

**Harm Reduction:** Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based programs that may include increasing availability and distribution of drugs that treat overdoses, training and education regarding drugs that treat overdoses, public education relating to immunity and Good Samaritan laws, syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, expanding access to testing and treatment for infectious diseases resulting from intravenous opioid use, supporting program harm reduction services, and supporting screening for fentanyl in routine clinical toxicology testing.

**First Responders:** Support education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs; and provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

**Research:** Support opioid abatement research including monitoring, surveillance, data collection and evaluation of OUD treatment and prevention strategies, research non-opioid treatment of chronic pain, research on harm reduction and prevention efforts, and research to reduce and deter opioid misuse.

**Other:** Other goal(s) that do not align with the areas defined above. Please provide a brief description. (50 words)

Click or tap here to enter text.

## PROJECT NARRATIVE

Provide a clear and thorough overview of the project including major activities that will be conducted as part of this project. Your response should include any information and data specific to the identified need and intended results. With each activity include who will implement it including their roles and responsibilities. (500 words)

Click or tap here to enter text.

What are the goals, objectives, and strategies/activities for this project? (500 words)

Click or tap here to enter text.

What evidence suggests that your project will be beneficially impactful to the treatment, recovery, and/or prevention of Opioid Use Disorder or other qualified use? (150 words)

Click or tap here to enter text.

Provide detailed demographics of the audience you plan to serve or reach and how the population was selected. Include an estimate of how many people you reasonably predict to impact through this project and percentage of those who are Dickson County residents. (150 words)

Click or tap here to enter text.

Please complete the Project Implementation Work Plan to indicate a) activities & timelines; b) person(s) responsible for completing activities; c) project costs; and anticipated outcomes.

## **OUTCOMES**

How will you evaluate this project to determine if goals are met? (150 words)

Click or tap here to enter text.

Please describe the expected outcomes/ impact of the project. A copy of each product developed should be included in your final report. (200 words)

Click or tap here to enter text.

If your proposal is chosen for funding, how will the project be sustained after the grant ends? Will the project become part of your organization's budget? If no, why? What financial impact will this grant have? (75 words)

Click or tap here to enter text.

Please provide a brief description of other project(s) your agency/organization has successfully implemented. (150 words)

Click or tap here to enter text.

**BUDGET NARRATIVE**

Please submit a budget narrative and complete the *Project Budget Form* indicating how funding will be used and how the amounts were derived. Note the funding may not be used to support existing program operations or salary, or activities unrelated to the development or implementation of the proposed project. (300 words)

Click or tap here to enter text.

Have you received grant funding from another federal, state, city, county, or public/private entity to fund this or other related projects?  **YES**  **NO**

If **YES**, please explain (100 words)

Click or tap here to enter text.

Is your organization charging a fee or billing insurance for services provided in the project defined above?  **YES**  **NO**

If **YES**, please explain (100 words)

Click or tap here to enter text.

If you receive only partial funding for this project, will you still be able to effectively use funds for the identified purpose? If so, how? (150 words)

Click or tap here to enter text.



## DICKSON COUNTY OPIOID FUNDING IMPLEMENTATION WORK PLAN

Using the table below, please outline the activities that will be most important in achieving your proposed objectives. Your completed Work Plan will show us: (1) what you are doing and when, (2) who is responsible for implementing the project, (3) costs associated with each proposed objective, and (4) the results you expect from each of your activities. **You may add or delete rows as necessary.**

**Organization:** [Please type your organization's name here]      **Organization/Agency FEIN#:** \_\_\_\_\_      **Project Budget:** [Enter amount here]      **Requested Grant Amount:** [Enter amount here]  
**Contact Information:** [Please type the contact person's name, phone number and email]

The project budget must match or be greater than your grant request. Your project budget should include the amount invested by your organization and this grant. **PLEASE NOTE: Permanent Staff, Administrative, Indirect and Overhead costs MAY NOT be requested under Use of Grant Funds but may be shown under Your Organization's Contribution portion of the Financial Projection section.**

Objective	Action	Timeframe	Responsible Person	Financial Projection <b>Use of Opioid Settlement Funds</b>	Financial Projection <b>Your Organization's Contribution</b>	Proposed Measures of Success	Outcomes
The direct, tangible, and measurable result you are seeking to achieve.	How the project will be put into action to achieve each objective (you may enter more than one activity per row, as each objective may have multiple activities associated with it).	The start and end dates of the period during which each activity will occur.	The individual/agency who is accountable for each project activity.	What will the requested grant funds be used for to achieve the costs associated with this objective?	What is your organization contributing towards the costs associated with this objective?	How the success of the project will be assessed in reaching the objective.	What will be different if you successfully implement this project?

You may add rows to this chart as needed.

**PROPOSED PROGRAM BUDGET**

Name of Agency/Organization:

Federal Identification Number (FEIN#)

Contact name, phone number & email

Amount REQUESTED for this Grant:

*(Amount Requested will automatically fill in under INCOME in the Foundation line item below):*

ENTIRE BUDGET for this Program:

**INSTRUCTIONS:** Identify sources of funding and amounts for this request under the appropriate line items below. You must identify funds allocated, committed, or pending for this project through your organization's budget or monies raised from other funding sources. Your project expenses and income should equal your project budget. EXAMPLE: If your project budget is \$20,000 then you should show expenses totaling \$20,000 **AND** income totaling \$20,000.

**EXPENSES**

~Planned Use of Opioid Settlement Funds - In the first column, indicate the specific line items and amounts where the proposed grant dollars would be used.

~Funds you are contributing or that you have already secured from others - In the second column, itemize the other expenses for this project.

Expenses	Planned Use of Opioid Settlement Funds	Funds COMMITTED or ALLOCATED to this Program	TOTAL
<b>PERSONNEL &amp; SALARIES</b>			
Contracted Services			
Professional Fees			
Permanent Staff			
<b>PROGRAM</b>			
Program Expenses/Materials			
Marketing			
Postage/Mailings			
Printing			
Supplies			
<b>TECHNOLOGY/EQUIPMENT</b>			
Equipment			
Computer/Computer Peripherals			
Equipment Maintenance/Rental			
<b>OTHER EXPENSES (Specify)</b>			
<b>TOTAL PROJECT EXPENSES</b>	\$0	\$0	\$0

**INCOME**

~Funds you are contributing or that you have already secured from others - In the first column, show funds in hand or monies from other sources that would be used to fund this project.

~Total Pending - In the second column, show monies yet to be received for this project, including your requested grant amount and projected notification date.

*The Total Column will add automatically. Use whole numbers only; no characters or symbols.*

Identify Income Sources	Funds COMMITTED or ALLOCATED to this Program	Total Pending	Notification Date
Organizational Budget			
Contributions from Individuals/Businesses			
Government Funding			
Foundations			
Additional Sources (e.g., fees for services collected; insurance reimbursement)			



**PROPOSED PROGRAM BUDGET**

Opioid Settlement funds (this grant)			
<b>SUBTOTAL</b>			
	<b>TOTAL</b>		