**Hamilton County Innovative Response to Opioids Grants**

**Application for Opioid Settlement Funding**

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| **Application due date** | Friday April 26th, 2024 @ 12 PM (ET) |
| **Anticipated notice of award** | Friday May 17th, 2024 @ 12 PM (ET) |
| **Anticipated funding period** | Monday July 1st – Monday June 30th 2025 |
| **Final Report Submission date** | Friday August 22nd, 2025 |

**Organizational Information**

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| --- | --- |
| Organization name |  |
| Purpose of organization | |
| Type of organization  (501c3, for profit, faith based organization) |  |
| Federal tax ID number  (if applicable) |  |
| 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 Hamilton County and purpose |  |
| Street address |  |
| Email address |  |
| Phone number |  |
| Name + Title of project lead |  |
| Phone + email of project lead |  |
| Name + Title of secondary project contact |  |
| Phone + Email of secondary project contact |  |

**Project Information**

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| --- | --- |
| Project title: | |
| Project description (Limit: 500 words): | |
| Project objectives (Limit: 250 words): | |
| Project activities (Limit: 500 words): | |
| Project partners or collaborators: | |
| Expected outcomes and how success will be measured (please be as detailed as possible; this information will guide the project’s final report): | |
| Project timeline: | |
| New or existing project? (Check one) | \_\_\_\_\_ New \_\_\_\_\_ Existing |
| If existing, how will these funds be used to supplement rather than supplant the project? | |
| 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 (Please reference Opioid Abatement Strategies at tn.gov/oac for guidance) | \_\_\_\_\_ Primary Prevention  \_\_\_\_\_ Harm Reduction  \_\_\_\_\_ Treatment  \_\_\_\_\_ Recovery Support  \_\_\_\_\_ Education & Training  \_\_\_\_\_ Research & Evaluation |
| Target population and geographical area | |
| Anticipated number of people served with awarded funds | |
| Will all funds awarded be used to **ONLY** serve residents of Hamilton County? | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| How will this project meet the 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)

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

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

\_\_\_\_\_ Letters of support from any project partners or collaborators (minimum of two)