

**Coffee County Opioid Abatement Fund Disbursement Committee**  
**Application for Opioid Settlement Funding**

<b>Application due date</b>	
<b>Anticipated notice of award</b>	
<b>Anticipated funding period</b>	
<b>Submission date</b>	

**Organizational Information**

<b>Organization name</b>	
<b>Purpose of organization:</b>	
<b>Type of organization (501c3, for profit, governmental)</b>	
<b>Federal tax ID number</b>	
<b>Is your organization certified, licensed, or accredited by the state of TN? If yes, provide documentation.</b>	___ Yes          _____ No
<b>Amount of funding currently being received from Coffee County and purpose</b>	
<b>Street address</b>	
<b>Email address</b>	

<b>Phone number</b>	
<b>Name of project director</b>	
<b>Title of project director</b>	
<b>Name of project contact</b>	
<b>Title of project contact</b>	

**Project Information**

<b>Project title:</b>		
<b>Project description:</b>		
<b>Project objectives:</b>		
<b>Project activities:</b>		
<b>Project partners or collaborators:</b>		
<b>Expected outcomes and how success will be measured:</b>		
<b>Project timeline:</b>		
<b>New or existing project? (Check one)</b>		_____ 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:**

<b>Anticipated number of people served with awarded funds:</b>		
<b>Percentage of funds awarded that will serve Coffee County?</b>		
<b>How will this project meet the Board's main objective of saving lives?</b>		

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

<b>Total funding request</b>	
<b>Budget narrative:</b>	
<b>How will this project be sustained after the funding period?</b>	

**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