



ADAMS COUNTY OPIOID SETTLEMENT FUNDS GRANT PROGRAM APPLICATION

1. Applicant Information:

- Name of Project: _____
- Name of Applicant: _____
- Address: _____
- FEIN: _____
- Contact Person: _____
- Phone Number: _____
- Email: _____
- Address: _____

For the following sections 2-11, Applicant may attach additional sheets if necessary. Please attach letters of support from community partners to the end of this application.

2. Project Narrative (attach additional sheets if necessary):

Specify from the list of approved uses in Exhibit E, those uses that are relevant to this project. Please identify the opioid-related issue that the proposed project seeks to remediate and/or prevent and how you plan to accomplish that goal. Include expected outcomes that are measurable, obtainable, clear and understandable, and valid. Include all proposed activities. The narrative should clearly describe the project's relation to Opioid Use Disorder (OUD).

3. Amount of Funding Requested:

4. Multi-Year:

- ☐ Yes
☐ No

If yes, how many years? (maximum of three) _____

5. Project Budget:

Please fill out the budget table below for a 12-month period.

Budget Item	Justification/Estimate of Expense	Total
Total Funds Requested:		

6. Sources of Funds:

Please fill out the sources of funds table below for a 12-month period. This should include all requested and committed funds that will be used for the proposed project. If no other funds have been pursued, this should be left blank.

Funding Source	Amount	Funding Requested or Committed

7. Project Schedule:

Project Milestone	Anticipated Completion Date

8. Sustainability Plan:

How will you sustain the program after the opioid settlement funds are exhausted?

9. Data Collection Strategy to meet Reporting Requirements:

Please include information about how you plan to quantify and assess your program's impact, data collection, outcomes, etc.

10. Experience of Applicant (attach additional sheets if necessary):

Please describe your organization's experience in supporting OUD treatment, prevention, recovery, harm reduction, criminal justice initiatives and/or research and evaluation. Further, describe your organization's experience in administering grant funds for similar projects. Please include the number of years in operation, and the experience of key staff that will be assigned to the proposed initiative.

11. Applicant Signature:

I do hereby swear or affirm that the information provided in this application for the Opioid Settlement Funds Grant Program is truthful and accurate to the best of my knowledge.

Signature: _____ Date: _____