



**Lincoln County Opioid Board
Application for Opioid Settlement Funding**

Date of this application:	
Date funds are needed:	

Organizational Information

Organization name	
Purpose of organization	
Type of organization (501c3, for profit, governmental, etc.) Please attached documentation.	
Federal tax ID number	
Is your organization certified, licensed, or accredited by the state of TN? If yes, provide documentation.	<p align="center">_____ Yes _____ No</p> <p>Please describe: _____</p>
Amount of funding currently being received from Lincoln County and purpose	
Organization Street Address	
Organization Email Address	
Primary Phone Number	
Name of Project Director (Primary Point of Contact)	

Project Information *(Note: please attach additional sheets as necessary)*

Project title:
Project description:
Project objectives:
Project activities:
Project partners or collaborators:
Expected outcomes and how success will be measured:

Project timeline:

New or existing project? (Check one)

New

Existing

Have/will you receive grant funding from any other source for this project?

Yes

No

If yes, please describe the source and amount:

How will these funds be used in conjunction with other funding?

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?

Yes

No

If so, please provide link(s) to supporting information:

Please provide objective 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
- Other (describe): _____

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 Lincoln County?

How will this project meet the Board's main objective of saving lives?

Funding Information (Must also submit a Budget Template)

Total funding request	\$
Budget estimates by line-item:	
How will this project be sustained after the funding period?	

Signature of Applicant

Date

Checklist of Required Documents:

- _____ Application for funding
- _____ Current annual operating budget and other relevant financials
- _____ State certification, licensure, or accreditation if applicable
- _____ 501(c)3 determination letter if applicable
- _____ Letters of support from any project partners or collaborators