

Marion County Opioid Board Application for Opioid Settlement Funding

November 8, 2023

Application due date

Anticipated notice of award	November 27, 2023
Anticipated funding period	2023
Submission date	
Organizational Information	
Organization name	
Purpose of organization	
Type of organization (501c3, for profit, governmental)	
Federal tax ID number	
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 Marion County and purpose	

Street address		
Email address		
Phone number		
Name of project director		
Title of project director		
Name of project contact		
Title of project contact		
Project Information		
Project title:		
Project description:		
Project objectives:		
Project activities:		
110,000 0001 12000		

Project partners or collaborators:			
Expected outcomes and how success wi	ll be measured:		
Project timeline:			
New or existing project? (Check one)		New	Existing
If existing, have/will you receive grant f	funding from any	other source for	r this project?
	Yes	No	
If yes, amount:			
If existing, how will these funds be used	l to supplement r	ather than suppl	ant 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 esting	mated amounts:
Is the project evidence-based or based or	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 are	a
Anticipated number of people served w	ith awarded funds

What percentage of funds awa will be used to serve residents Marion County?				
How will this project meet the	e Board's m	nain objective of sa	aving lives?	
F unding Information (Must a	lso submit	a Budget Templat	e)	
Total funding request	\$	_		
Budget narrative:	•			
How will this project be susta	ined after tl	he funding period	?	
Checklist of Required Docum Application for funding	5			
Completed budget and	budget narr	ative (template pro	ovided)	

 Current annual operating budget
State certification, licensure, or accreditation if applicable
Letters of support from any project partners or collaborators