

## Appendix B

### CANNON COUNTY OPIOID SETTLEMENT

# PROJECT SUMMARY



#### ORGANIZATION INFORMATION:

NAME OF ORGANIZATION: \_\_\_\_\_ TAX ID #: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ YEAR ORGANIZATION WAS ESTABLISHED: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ NUMBER OF VOLUNTEERS: \_\_\_\_\_ NUMBER OF PEOPLE SERVED: \_\_\_\_\_

ANNUAL OPERATING BUDGET: \$ \_\_\_\_\_ ZIP CODES SERVED: \_\_\_\_\_

ORGANIZATION TYPE: ☐ CHARITABLE ☐ CIVIC ☐ GOVERNMENTAL

HAS THIS ORGANIZATION RECEIVED A 501(c)(3) DETERMINATION LETTER? ☐ YES ☐ NO

IS THIS ORGANIZATION LICENSED BY THE TN DEPARTMENT OF HEALTH? ☐ YES (IF YES, LICENSE # \_\_\_\_\_) ☐ NO

IS THIS ORGANIZATION LICENSED BY THE TN DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES?

☐ YES (IF YES, LICENSE # \_\_\_\_\_) ☐ NO

#### BOARD OF DIRECTORS

NAMES: \_\_\_\_\_

#### ORGANIZATION PRIMARY CONTACT FOR GRANT PROPOSAL

NAME: \_\_\_\_\_ ROLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### PROPOSAL INFORMATION: *(Please summarize answers below to fit into the permitted text boxes)*

WILL 100% OF GRANT FUNDS BE USED DIRECTLY FOR RESIDENTS OF CANNON COUNTY? ☐ YES ☐ NO

AMOUNT OF FUNDS REQUESTED: \$ \_\_\_\_\_ ORGANIZATION BUDGET YEAR TYPE: ☐ FISCAL YEAR ☐ CALENDAR YEAR

SELECT PROPOSAL'S MAIN STRATEGY (SELECT ONE):

PROGRAM OVERVIEW: \_\_\_\_\_

TARGET POPULATION IN

CANNON COUNTY: \_\_\_\_\_

PROGRAM GOAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# CANNON COUNTY OPIOID SETTLEMENT PROJECT SUMMARY



**PROPOSAL INFORMATION (CONTINUED):** *(Please summarize answers below to fit into the permitted text boxes)*

**COST STATEMENT (JUSTIFICATION OF REQUESTED FUNDS):** \_\_\_\_\_

**DATA THAT WILL BE COLLECTED TO MEASURE SUCCESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IN THE SECTION BELOW, LIST ALL ACTIVITIES INCLUDED IN YOUR PROPOSAL.**

**TO LOCATE THE SECTION NUMBER FOR EACH ALLOWABLE ACTIVITY, REFERENCE APPENDIX A**

ALLOWABLE ACTIVITY SECTION NUMBER	DESCRIPTION OF ACTIVITY

I hereby certify that to the best of my knowledge and belief that the information submitted with this request is accurate and that the attached budget was approved by our governing board. The Board also agreed to allow Cannon County officials to review the organizations financial records and other records as requested of this agency should they so desire.

I further certify the agency ensures no person shall be excluded from participation in, or will be denied the benefits of or is subjected to discrimination under any program or activity receiving financial assistance from the Rutherford County Opioid funding on the grounds of race, color, age, sex, disability, or national origin.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature