

I ;>;3? EA@5AG@FKOPIOID 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 FOR PROFIT

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

DOES YOUR ORGANIZATION HAVE COMMERCIAL LIABILITY AND PROFESSIONAL SERVICES LIABILITY INSURANCE? YES NO

(IF YES, HOW MUCH? _____)

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: _____ 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 I ;>;3? EA@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

I ;>;AMSON COUNTY: _____

PROGRAM GOAL: _____

WILLIAMSON 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:

IF PARTIALLY FUNDED, HOW WILL THIS FUNDING REDUCTION IMPACT THE ANTICIPATED OUTCOMES:

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

TO LOCATE THE SECTION NUMBER FOR EACH ALLOWABLE ACTIVITY, REFERENCE APPENDIX H.

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 Williamson 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 Williamson County Opioid funding on the grounds of race, color, age, sex, disability, or national origin.

Date

Signature