



Organizational Information & Application Contact

Primary Contact for Grant Proposal

Name of person responsible for this application (if questions arise)

Email Address _____

Phone Number _____

Organizational Information

Agency Name _____

Street Address _____

City, State, Zip _____

Website _____

Phone Number _____

Organization Type

Charitable

Civic

Governmental

Other

This opportunity is only eligible to Charitable, Civic, or Governmental Entities. *Upload 501c3 documentation.*

Organization Background

Year Established _____

Number of Employees _____

Number of Volunteers _____

Number of People Served Annually by the Agency



Opioid Abatement Funding

Does your organization receive abatement funding from the TN Opioid Abatement Council?
If yes, indicate how much. If no, type N/A.

Does your organization receive abatement funding from other counties' abatement distributions? If yes, indicate how much. If not, type N/A

If you receive abatement funding from these other sources, does that funding overlap with the population target for THIS request?

Insurance & Licensing

Certain allowable activities will require state compliance with some licensing requirements (IE: licensing or certification for Tennessee SAFE Act compliant recovery housing). Please complete each section if applicable.

Does your organization have Commercial Liability & Professional Services Liability Insurance?

- If Yes, Enter Amount _____
- No

Is this organization licensed by the Tennessee Department of Health?

- If Yes, provide License # _____
- No

Is this organization licensed by the Tennessee Department of Mental Health and Substance Abuse Services?

- If Yes, provide License # _____
- No



Project Summary

Project Summary This section is intended to provide a high-level overview of your application. This section is not confidential and will be entered into the public record if your application meets the minimum scoring criteria to be presented to the board for funding consideration.

What is the primary Abatement Strategy for your request?

Note: many programs touch multiple strategies, pick the strategy that is the "best fit" for your program's activities. Refer to Appendix D for additional information.

- Primary Prevention
- Harm Reduction
- Treatment
- Recovery Support
- Education & Training
- Research & Evaluation

Provide a brief (2-sentence) overview of the program. (100 characters)

Define the target population that this program serves within Rutherford County. (100 characters)

What is the overarching goal for this program? (100 characters)



Requested Funding and Service Reach

Amount Requested from the Rutherford Opioid Board

Number of people served by this funding request

Allowable Activities

List all "**Allowable Activities**" included in your proposal. Reference **Appendix D** for activity section numbers. Include a brief description of the activity within the context of your program.

For Example:

A1: Provide first responder trainings to address stigma of SUD/ODU and increase knowledge of proper naloxone administration.

You must enter at least 1 "Allowable Activity", additional lines are provided if needed.

Activity 1 _____

Activity 2 _____

Activity 3 _____

Activity 4 _____

Activity 5 _____

Activity 6 _____

Certification of Service Population

The Rutherford Opioid Board has established that all ROB funding must be spent for the benefit of Rutherford County residents, citizens, and denizens. By signing below, you will certify that 100% of the funding from the Rutherford Opioid Board will comply with that restriction.

Digital Signature



Project Narrative

The following sections are intended to provide the Review Committee an in-depth look at your proposed project.

Need Statement & Target Population

Define the specific community that will be served and why they will specifically benefit. Include information and data that clearly support the need and justification for the evidence-based services or program. (1500 characters)

Identification of Activities

Identify and describe the selected main strategy and allowable activities that will be utilized for this funding request. Refer to **Appendix D** for the list of main strategies and allowable activities. For each allowable activity in your proposal, identify the activity's section number. For example, the activity section number for "Expand Naloxone training for first responders, schools, community support groups and families" is "A1". (1500 characters)

Goals & Objectives

Provide an explanation of the proposal's goals and objectives. Include measurable outcomes and outputs with specific timeframes for completion of goals. For objectives, include specific steps that will be completed to achieve your goal. Use S.M.A.R.T goals to draft measurable and time-sensitive goals in the narrative. Refer to **Appendix E** for guidance on exemplary S.M.A.R.T. goals. (3500 characters)



Program Design

Outline the evidence-based or evidence-informed practices that will be used to achieve your goals. Include a summary of your timeframe for completion and the steps necessary for successful implementation. Identify possible challenges that will be addressed to ensure successful implementation. State how quickly you can begin implementation if selected for funding.

Refer to **Appendix F** for guidance on common evidence-based practices. (5000 characters)

Evaluation Plan

Explain how progress and success will be measured, including what data will be collected as part of the evaluation process. Both qualitative and quantitative outputs and outcomes can be included as data.

Reference **Appendix G** for detailed information on examples for data reporting metrics in each main strategy. (1500 characters)

Organizational Capacity

Detail the applicant's capacity to effectively implement the outlined activities. Reference prior experience, prior program successes, current institutional capabilities & community partnerships that will support successful implementation if funded. (2000 characters)

Sustainability

Due to the limited nature of funding in the future with decreasing availability over time, the ROB wants to encourage agencies to plan for program sustainability.

Outline how the organization will work to make the program sustainable without continued reliance on abatement funding. (1500 characters)



Project Budget

Attach your completed budget, with justification, using the provided template.

Guidance: The budget justification should be entered in "Column C" of the Excel sheet. Be sure to include the "Allowable Activity" codes for each line-item in "Column D". Incomplete budget documents will be reviewed as presented, and missing information may result in a lowered score.

*Save & upload it in an Excel format using "AgencyName_Budget" as the document name.

Required Attachments

To aid the Review Committee in assessing an applicant's fiscal risk, applicants must upload the requested documentation below.

- **IRS FORM 990**
 - Upload a copy of your agency's most recent **IRS Form 990**.
- **CURRENT Revenue & Expenditures**
 - Upload a copy of the agency's **budgeted revenues & expenditures** for the **current year**.
- **PREVIOUS Revenue & Expenditures**
 - Upload a copy of the agency's **budgeted revenues & expenditures** for the **prior year**.
- **Actual Revenue & Expenditures**
 - Upload a copy of the agency's **actual revenues & expenditures** for the **prior year**.
- Upload the complete "**Rutherford County Fund Monitoring Form: Compliance Survey**". Blank template can be downloaded [here](#).



Optional Attachments

Letters of Support and Commitment are allowed to provide the Review Committee a community-level view of the impact of the program or applicant. If salary support is requested, the agency needs to upload a salary schedule as outlined below.

Letters of Commitment:

If your program requires collaboration with other agencies for implementation, please upload any letters of commitment from those outside partners outlining how they will assist program facilitation. **Letters of Support** are also welcomed. Please combine all Letters into one PDF document and upload.

Salary Requests:

If your budget is requesting funding for salary support, please provide a **salary schedule** of all positions that will receive funding support. Include the base salary & associated fringe for the position, indicate % funded through the ROB request, and the % funded through the organizational budget of other external sources.

PREVIEW ONLY