Cannon County Opioid Settlement

Request for Proposals

Last Updated:
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Office of Prevention Science and Recovery

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Funding Opportunity Description

In 2023, Cannon County had 6 fatal overdoses and 52 non-fatal overdoses. While this is a decrease from 2021 (which had 11 fatal overdoses and 68 non-fatal overdoses), there remains a significant need to continue abatement activities to save lives and improve the quality of life in Cannon County. To attend to community needs such as this, the Tennessee Opioid Abatement Council has distributed relief funding to all 95 counties in Tennessee provided from national opioid lawsuit settlements.

The Cannon County Opioid Abatement Task Force has chosen to disseminate these funds directly into the community to repair damages caused by the opioid crisis**. Funding is available for the abatement and remediation of opioid use and misuse exclusively for the benefit of Cannon County residents, citizens, and denizens.**

Funding will be used to positively impact the community within the Tennessee Opioid Abatement Council's six main strategy areas:

Tennessee Opioid Abatement Council 6 Main Strategy Areas

1. Primary Prevention
2. Harm Reduction
3. Treatment
4. Recovery Support
5. Education and Training
6. Research and Evaluation

Proposals will be received for this funding opportunity in May, pending continued annual payout funding from national opioid lawsuit settlements. The Cannon County Opioid Abatement Task Force reserves the authority to award or deny funding to community organizations based on their application review outlined in this Request For Proposals document.

This Request For Proposals document overviews all eligibility requirements for organizations requesting funding, outlines the application and submission process for organizations, and clearly identifies how proposals will be scored to inform funding decisions made by the Cannon County Opioid Abatement Task Force.

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Funding Opportunity Description
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Only nonprofit charitable organizations with 501©(3) status, any chamber of commerce exempt from IRS Code 501©(6), nonprofit civic organizations, and government organizations are eligible to receive funds.

According to Tennessee State Law, T.C.A. 5-9-109, Cannon County may appropriate funds for the financial aid of any nonprofit charitable organization, any chamber of commerce exempt from IRS Code 501(c)(6), or any nonprofit civic organization, all subject to certain guidelines and subject to County Commission approval.

A non-profit charitable organization is defined as one in which no part of the net earnings benefit from any private shareholder or individual and which provides service benefitting the general welfare of the residents of the county.

Organizations described in section 501(c)(3) are commonly referred to as charitable organizations. Organizations described in section 501(c)(3), other than testing for public safety organizations, are eligible to receive tax-deductible contributions in accordance with Code section 170. **The organization must not be organized or operated for the benefit of private interests, and no part of a section 501(c)(3) organization's net earnings may inure to the benefit of any private shareholder or individual.**

Importantly, this statute imposes some requirements for such appropriations, which include the organization filing a report “of its business affairs and transactions”. The report must contain an annual audit, description of the program that serves the residents of the county, and the proposed use of the county assistance.

Any suspected fraud in connection with a Cannon County Opioid Settlement Application should be reported to the County for immediate review. The County reserves the right to decline funding or participation if it is determined that fraud has occurred. You can also report fraud directly to the Tennessee Comptroller of the Treasury on their website.

Award Information

Eligible agencies are permitted to submit one application per year to receive a 12-month grant award. Awardees are eligible to re-apply for funding after successful completion of their grant term.

The maximum funding request per agency will be determined by the Cannon County Opioid Abatement Task Force upon the nature of the request and available funding.

Awards will be granted annually in the spring by the Cannon County Opioid Abatement Task Force . To be considered for funding during the annual review of applications, applicants must submit their entire application by May 15th. The Task Force will review applications following the May 15th deadline at their next meeting.

Eligibility Requirements

Any funds awarded through this funding opportunity must be used for the benefit of Cannon County residents and documentation must be retained ensuring the geographic eligibility of the recipients. There is no cost match requirement for this funding opportunity.

Activity Requirements

Proposed activities in the funding request must be permitted from the Tennessee Opioid Abatement Council's Approved Remediation List of activities. See **Appendix A** to reference the approved remediation list. Each recipient will be required to identify which of the Tennessee Opioid Abatement Council main strategies their funding request is targeting: Primary Prevention, Harm Reduction, Treatment, Recovery Support, Education and Training, and Research and Evaluation.

Reporting Requirements

If funded, the recipient agency will be required to collect and report information quarterly relating to the impact the program has on the target population. The information collected from the agency will be collated into a report for the Tennessee Opioid Abatement Council to establish efficacy of the funding and to measure the impact of the funds within the community to reduce opioid use and misuse.

Submission Requirements

Proposals must be submitted through the online submission portal by **11:59 pm (CST)** of **May 15, 2026**. Applicants will receive an automated email confirming their successful submission. The portal will close to new submissions at midnight.

For questions regarding the grant application, please refer to the FAQ section of the MTSU Office of Prevention Science and Recovery website (mtsu.edu/chhs/opsr).

Outstanding questions about the grant application can be answered at the public grant workshops offered by the MTSU OPSR team. **Limited pre-submission technical assistance is available until noon on May 15, 2026.**

Proposals will be voted on by Board members during the Cannon Opioid Board Meeting in May.

See Appendix E for a checklist to ensure all sections of the proposal are complete.

DEADLINE TO RECEIVE APPLICATION FOR REVIEW

May 15TH

Application & Submission

PROPOSAL REQUIREMENTS

Project Summary

This document overviews the applicant's proposal and identifies a target population, outlines goals and objectives, selects a main strategy, anticipates number of people served, provides a cost statement, and more.

Applicants must also include the identification of an assigned agency contact for overseeing and reporting on grant progress. See **Appendix B** for the required template for completing this section of the proposal.

Project Narrative

In this section, the proposed project will be explained in depth to demonstrate a strong potential for success upon receiving funding. **Each of the ten questions in this section should be responded to in a typed word document and included in your submission.**

Each question's response should not exceed 150 words in your explanation, unless otherwise noted. These questions focus on describing the population you will serve, identifying the need that you will address, outlining your goals and objectives used to measure success, identifying evidence-based practices in your implementation, and explaining your organization’s capacity to achieve your goals.

Project Budget

This document will explain in depth your program's expected expenses as part of the grant. The attached fillable template should be completed in full and attached to your submission. See **Appendix C** for the required template to complete this section of the proposal.

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PROPOSAL REQUIREMENTS

	Project Narrative Questions
#1	Provide a clear and thorough overview of the project including major activities that will be conducted as part of this project. Your response should include data specific to your identified need and intended results. With each activity, include who will implement it and their responsibilities. (500 words)
#2	What are the goals, objectives, and strategies for this project?
#3	What evidence-based practices support your proposal to be positively impactful?
#4	Provide detailed demographics of the target population in which you will be serving. Include an estimate of how many Cannon County residents you reasonably estimate to impact.
#5	Explain how progress and success will be measured, including what data will be collected as part of the evaluation process. Specifically, what outcomes will you track and how frequently you will collect data.
#6	Describe the expected outcomes and community impact of your proposed project.
#7	If your proposal is funded, how will the project be sustained after the grant ends?
#8	Provide a brief description of other projects your organization has successfully implemented similar to your proposal's focus area.
#9	Provide detailed justification for your grant's proposed budget, including detail on how each budget section will be utilized.
#10	If only partially funded for this project, will you still be able to effectively use funds for the identified purpose? If so, how?

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Application & Submission
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PROPOSAL REQUIREMENTS

Required Financial Attachments

NON-PROFIT ORGANIZATION	GOVERNMENT ORGANIZATION
Copy of Annual Audit	Copy of Annual Audit
Budgeted Revenues and Expenses for the Current Year	Budgeted Revenues and Expenses for the Current Year
Budgeted Revenues and Expenses for the Prior Year	Budgeted Revenues and Expenses for the Prior Year
Actual Revenue and Expenses for the Prior Year	Actual Revenue and Expenses for the Prior Year
501 (c)(3) Determination Letter	Letters of Support (if applicable)
Letters of Support (if applicable)	

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Application Review

CANNON COUNTY OPIOID ABATEMENT COUNCIL EVALUATION PROCESS

The Cannon County Opioid Abatement Council will review all applicants following the May 15th application deadline at their next council meeting.

Each application will be scored on a 100 point rubric by members of the task force, alongside the MTSU Office of Prevention Science and Recovery, and will be assigned a score to their proposal. **Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the project description in a cost-effective manner.**

The Cannon County Opioid Abatement Task Force will use these scores to inform their funding decisions. The Task Force retains the power to award partial funding as they deem necessary. **All rankings and scorings will be available for feedback to all applicants regardless of the Task Force's funding decision.**

The chart on the following page illustrates the breakdown of eligible points that can be awarded per application section**.** This chart can also be used to organize your proposal into the requisite order to ensure that all components have been addressed.

For a full scoring rubric used for all proposals, see Appendix D.

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Application Review
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EVALUATION CRITERIA

Proposal Section	Maximum Points Available
Project Summary	10
Project Narrative	
• *Question #1*	15
• *Questions #2-8*	5 each
• *Question #9*	10
• *Question #10*	5
Project Budget	15
Required Organization Financial Documents	5
Total	100

Appendix

A TENNESSEE'S OPIOID ABATEMENT & REMEDIATION USES

B BUDGET TEMPLATE

C PROPOSAL SCORING RUBRIC

D APPLICATION CHECKLIST

E EVALUATION METRIC GUIDANCE

Appendix A

Tennessee State Government | Opioid Abatement Council

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

Strategy – Schedule A (Core Strategies)	Section Number	Language
Education/ Training	A1	Expand training for first responders, schools, community support groups and families
Harm Reduction	A2	Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service
Treatment	B1	Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service
Primary Prevention	B2	Provide education to school-based and youth-focused programs that discourage or prevent misuse
Treatment	B3	Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders
Treatment	B4	Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services
Primary Prevention	C1	Expand Screening, Brief Intervention, and Referral to Treatment *("SBIRT")* services to non-Medicaid eligible or uninsured pregnant women
Treatment	C2	Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co occurring Opioid Use Disorder *("OUD")* and other Substance Use Disorder ("SUD")/Mental Health disorders for uninsured individuals for up to 12 months postpartum
Recovery Support	C3	Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare
Recovery Support	D1	Expand comprehensive evidence-based and recovery support for NAS babies
Recovery Support	D2	Expand services for better continuum of care with infant need dyad

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(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

Recovery Support	D3	Expand long-term treatment and services for medical monitoring of NAS babies and their families
Primary Prevention	E1	Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments
Recovery Support	E2	Expand warm hand-off services to transition to recovery services;
Recovery Support	E3	Broaden scope of recovery services to include co-occurring SUD or mental health conditions
Recovery Support	E4	Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare
Recovery Support	E5	Hire additional social workers or other behavioral health workers to facilitate expansions above
Treatment	F1	Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system
Treatment	F2	Increase funding for jails to provide treatment to inmates with OUD
Primary Prevention	G1	Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco)
Primary Prevention	G2	Funding for evidence-based prevention programs in schools
Primary Prevention	G3	Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guidelines, and current evidence
Primary Prevention	G4	Funding for community drug disposal programs
Harm Reduction	G5	Funding and training for first responders to participate in pre- arrest diversion programs, post-overdose response

This format was created to assist with reporting on funding received by Tennessee counties and community grants.

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		teams, or similar strategies that connect at-risk individuals to behavioral health services and supports
Harm Reduction	H1	Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases
Research/Evaluation of Abatement Strategy Efficacy	I	Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state
Strategy – Schedule B (Approved Uses)	**Section Number**	**Language**
Treatment	AA1	Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment *("MAT")* approved by the U.S. Food and Drug Administration
Treatment	AA2	Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine *("ASAM")* continuum of care for OUD and any co-occurring SUD/MH conditions
Treatment	AA3	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services
Treatment	AA4	Improve oversight of Opioid Treatment Programs *("OTPs")* to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment
Treatment, and Recovery Support	AA5	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose
Recovery Support	AA6	Provide treatment of trauma for individuals with OUD *(e.g.,* violence, sexual assault, human trafficking, or adverse childhood experiences) and family members *(e.g.,* surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma

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Treatment	AA7	Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions
Education/Training	AA8	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele-mentoring to assist community-based providers in rural or underserved areas
Treatment	AA9	Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions
Treatment	AA10	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
Treatment	AA11	Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas
Treatment	AA12	Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of2000 *("DATA 2000")* to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver
Treatment	AA13	Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing
Treatment	AA14	Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment
Recovery Support	BB1	Provide comprehensive wrap-around services to individuals with OUD and any co occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare
Treatment, and Recovery Support	BB2	Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case

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		management, and connections to community-based services.
Treatment, and Recovery Support	BB3	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
Recovery Support	BB4	Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services
Recovery Support	BB5	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions
Recovery Support	BB6	Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co occurring SUD/MH conditions
Treatment, and Recovery Support	BB7	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
Recovery Support	BB8	Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions
Recovery Support	BB9	Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery
Treatment, and Recovery Support	BB10	Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family
Education/ Training	BB11	Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma
Education/ Training	BB12	Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment

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(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

Recovery Support	BB13	Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans
Recovery Support	BB14	Create and/or support recovery high schools.
Education/ Training	BB15	Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
Education / Training	CC1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment
Primary Prevention, and Harm Reduction	CC2	Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid
Primary Prevention, and Harm Reduction	CC3	Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common
Primary Prevention	CC4	Purchase automated versions of SBIRT and support ongoing costs of the technology.
Treatment	CC5	Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments
Education/ Training	CC6	Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services
Treatment	CC7	Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach
Treatment,	CC8	Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose
Treatment	CC9	Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event

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Treatment, and Recovery Support	CC10	Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any cooccurring SUD/MH conditions or to persons who have experienced an opioid overdose
Recovery Support	CC11	Expand warm hand-off services to transition to recovery services
Primary Prevention, and Treatment, and Recovery Support	CC12	Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people
Education/ Training	CC13	Develop and support best practices on addressing OUD in the workplace
Education/ Training	CC14	Support assistance programs for health care providers with OUD
Treatment	CC15	Engage non-profits and the faith community as a system to support outreach for treatment.
Treatment	CC16	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions
Treatment	DD1.1	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative *("PAARI");*
Treatment	DD1.2	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Active outreach strategies such as the Drug Abuse Response Team *("DART') model*
Treatment, and Harm Reduction	DD1.3	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to

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(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

		reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
Treatment	DD1.4	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Officer prevention strategies, such as the Law Enforcement Assisted Diversion *("LEAD")* model;
Treatment	DD1.5	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative
Treatment	DD1.6	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Co-responder and/or alternative responder models to address ODD-related 911 calls with greater SUD expertise
Treatment	DD2	Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services
Treatment, and Recovery Support	DD3	Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions
Treatment	DD4	Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are incarcerated in jail or prison
Treatment	DD5	Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities

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Treatment	DD6	Support critical time interventions *("CTI"),* particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings
Education/ Training	DD7	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section
Recovery Support, and Treatment, and Primary Prevention	EE1	Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women---or women who could become pregnant-who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome
Treatment, and Recovery Support	EE2	Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum
Education/ Training	EE3	Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions
Treatment, and Recovery Support	EE4	Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families
Education/ Training	EE5	Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care
Recovery Support	EE6	Provide child and family supports for parenting women with OUD and any co occurring SUD/MH conditions

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Recovery Support	EE7	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.
Recovery Support	EE8	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events
Recovery Support	EE9	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training
Education/ Training	EE10	Provide support for Children's Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use
Education/ Training	FF1	Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guidelines, and current evidence.
Education/ Training	FF2	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids
Education/ Training	FF3	Continuing Medical Education (CME) on appropriate prescribing of opioids
Education/ Training	FF4	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
Education/ Training, and Research/ Evaluation of Abatement Strategy Efficacy	FF5.1	Supporting enhancements or improvements to Prescription Drug Monitoring Programs *("PDMPs"),* including, but not limited to, improvements that Increase the number of prescribers using PDMPs

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(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

Education/ Training and Research/ Evaluation of Abatement Strategy Efficacy	FF5.2	Supporting enhancements or improvements to Prescription Drug Monitoring Programs *("PDMPs"),* including, but not limited to, improvements that Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both;
Education/ Training and Research/ Evaluation of Abatement Strategy Efficacy	FF5.3	Supporting enhancements or improvements to Prescription Drug Monitoring Programs *("PDMPs"),* including, but not limited to, improvements that Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules
Research/ Evaluation of Abatement Strategy Efficacy	FF6	Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules
Education/ Training	FF7	Increasing electronic prescribing to prevent diversion or forgery.
Education/ Training	FF8	Educating dispensers on appropriate opioid dispensing
Primary Prevention	GG1	Funding media campaigns to prevent opioid misuse.
Primary Prevention	GG2	Corrective advertising or affirmative public education campaigns based on evidence.
Primary Prevention	GG3	Public education relating to drug disposal.
Primary Prevention	GG4	Drug take-back disposal or destruction programs.
Primary Prevention	GG5	Funding community anti-drug coalitions that engage in drug prevention efforts
Primary Prevention	GG6	Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including

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(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

		staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration *("SAMHSA").*
Primary Prevention	GG7	Engaging non-profits and faith-based communities as systems to support prevention
Primary Prevention	GG8	Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
Primary Prevention	GG9	School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids
Primary Prevention	GG10	Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
Primary Prevention	GG11	Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills
Education/ Training	GG12	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse
Harm Reduction	HH1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
Harm Reduction	HH2	Public health entities providing free naloxone to anyone in the community

Appendix A

Tennessee State Government | Opioid Abatement Council

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

Education/ Training	HH3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
Harm Reduction	HH4	Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support
Harm Reduction	HH5	Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals
Harm Reduction	HH6	Public education relating to emergency responses to overdoses
Harm Reduction, and Education/ Training	HH7	Public education relating to immunity and Good Samaritan laws
Education/ Training	HH8	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
Harm Reduction	HH9	Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs
Harm Reduction	HH10	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use
Harm Reduction	HH11	Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions
Education/ Training	HH12	Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions
Education/ Training	HH13	Supporting screening for fentanyl in routine clinical toxicology testing

Appendix A

Tennessee State Government | Opioid Abatement Council

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

Education/ Training	II1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs
Education/ Training	II2	Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events
Treatment, and Primary Prevention, and Harm Reduction, and Recovery Support	JJ1	Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list
Research/ Evaluation of Abatement Strategy Efficacy	JJ2	A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes
Treatment, and Primary Prevention, and Harm Reduction, and Recovery Support	JJ3	Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list
Research/ Evaluation of Abatement Strategy Efficacy	JJ4	Provide resources to staff government oversight and management of opioid abatement programs
Education/ Training	KK1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis
Education/ Training	KK2	Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent

Appendix A

Tennessee State Government | Opioid Abatement Council

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

		overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).
Research/ Evaluation of Abatement Strategy Efficacy	LL1	Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
Primary Prevention	LL2	Research non-opioid treatment of chronic pain
Primary Prevention	LL3	Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders
Research/ Evaluation of Abatement Strategy Efficacy	LL4	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips
Research/ Evaluation of Abatement Strategy Efficacy	LL5	Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids
Research/ Evaluation of Abatement Strategy Efficacy	LL6	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).
Research/ Evaluation of Abatement Strategy Efficacy	LL7	Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring *("ADAM")* system
Research/ Evaluation of Abatement Strategy Efficacy	LL8	Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
Research/ Evaluation of Abatement Strategy Efficacy	LL9	Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes

Appendix B

PROPOSED PROGRAM BUDGET

Name of Agency/Organization:

Federal Identification Number (FEIN#)

Contact name, phone number & email

Amount REQUESTED for this Grant:

*(**Amount Requested** will automatically fill in under **INCOME** in the Foundation line item below):*

ENTIRE BUDGET for this Program:

INSTRUCTIONS: Identify sources of funding and amounts for this request under the appropriate line items below. You must identify funds allocated, committed, or pending for this project through your organization's budget or monies raised from other funding sources. Your project expenses and income should equal your project budget. EXAMPLE: If your project budget is $20,000 then you should show expenses totaling $20,000 **AND** income totaling $20,000.

EXPENSES

~**Planned Use of Opioid Settlement Funds** - In the first column, indicate the specific line items and amounts where the proposed grant dollars would be used.

~**Funds you are contributing or that you have already secured from others -** In the second column, itemize the other expenses for this project.

The Total Column will add automatically. Use whole numbers only; no characters or symbols.

Expenses	Planned Use of Opioid Settlement Funds	Funds COMMITTED or ALLOCATED to this Program	TOTAL
PERSONNEL & SALARIES			
Contracted Services			
Professional Fees			
Permanent Staff			
PROGRAM			
Program Expenses/Materials			
Marketing			
Postage/Mailings			
Printing			
Supplies			
TECHNOLOGY/EQUIPMENT			
Equipment			
Computer/Computer Peripherals			
Equipment Maintenance/Rental			
OTHER EXPENSES (Specify)			
TOTAL PROJECT EXPENSES	**$0**	**$0**	**$0**

INCOME

~**Funds you are contributing or that you have already secured from others -** In the first column,show funds in hand or monies from other sources that would be used to fund this project.

~**Total Pending -** In the second column, show monies yet to be received for this project, including your requested grant amount and projected notification date.

The Total Column will add automatically. Use whole numbers only; no characters or symbols.

Identify Income Sources	Funds COMMITTED or ALLOCATED to this Program	Total Pending	Notification Date
Organizational Budget			
Contributions from Individuals/Businesses			
Government Funding			
Foundations			

PROPOSED PROGRAM BUDGET

Additional Sources (e.g., fees for services collected; insurance reimbursement)			
Opioid Settlement funds (this grant)			
SUBTOTAL			
	TOTAL		

Appendix C

Application Section		Poor	Below Average	Average	Above Average	Exceptional	Section Score
Project Summary	*Points Available:*	1-2	3-4	5-6	7-8	9-10	
	Scoring Criteria:	• Does not identify a clear target population. • Does not identify a clear program goal. • Does not identify a clear cost statement.	• *Partially identifies* a clear target population. • *Partially identifies* a clear program goal. • *Partially identifies* a clear cost statement.	• *Adequately identifies* a clear target population. • *Adequately identifies* a clear program goal. • *Adequately identifies* a clear cost statement.	• *Clearly identifies* a target population. • *Clearly identifies specific* program goals. • *Clearly identifies* a *justifiable* cost statement.	• Clearly identifies a target population. • Clearly identifies specific and *measurable* program goals. • Clearly identifies a justifiable cost statement. • *Program overview is expected to positively impact the target population.*	
Project Narrative: *Question #1*	*Points Available:*	1-3	4-6	7-9	10-12	13-15	
	Scoring Criteria:	• Does not clearly identify an overview of activities to achieve success. • Does not present data to support the program need.	• *Identifies a partial* overview of activities to achieve success. • Presents *data that inadequately supports* the program need.	• *Adequately identifies* an overview of activities to achieve success. • Presents *data that adequately supports* the program need.	• Possesses a *clear* overview of activities to achieve program success. • Presents *data that strongly supports* the program need. • *Clearly identifies* personnel to	• Possesses a clear overview of activities to achieve program success. • Presents *local* data that strongly supports the program need. • Clearly identifies personnel to implement major	

		• Does not identify personnel to implement major activities and their responsibilities.	• *Partially identifies* personnel to implement major activities and their responsibilities.	• *Adequately identifies* personnel to implement major activities and their responsibilities.	implement major activities and their responsibilities.	activities and their responsibilities. • *Includes strategic design that is expected to positively impact the target population.*	
Project Narrative: *Question #2*	*Points Available:*	1	2	3	4	5	
	Scoring Criteria:	• Does not provide goals for the program to achieve. • Does not provide objectives to achieve the stated goal.	• *Provide goals that are not able to be measured.* • *Provides objectives that do not directly contribute to attainment of the stated goal.*	• Provide goals that *adequately measure success.* • Provides objectives that *generally* contribute to attainment of the stated goal.	• Provide goals that *strongly* measure success. • Provides objectives that *strongly* contribute to attainment of the stated goal.	• Provide *specific* goals that strongly measure success. • Provides objectives that strongly contribute to attainment of the stated goal.	
Project Narrative: *Question #3*	*Points Available:*	1	2	3	4	5	
	Scoring Criteria:	• Does not identify evidence-based practices that will positively impact their program.	• *Partially identifies* some evidence-based practices that will positively impact their program.	• *Adequately identifies* evidence-based practices that will positively impact their program.	• *Clearly utilizes* evidence-based practices that will positively impact their program.	• Clearly utilizes *only* evidence-based practices that will positively impact their program.	

Project Narrative: *Question #4*	*Points Available:*	1	2	3	4	5	
	Scoring Criteria:	• Does not identify a clear target population. • Does not include an estimate of number of residents impacted.	• *Partially identifies* a clear target population. • *Includes an unreasonable* estimate of number of residents impacted.	• *Adequately identifies* a clear target population. • *Includes an adequately reasonable* estimate of number of residents impacted.	• *Clearly identifies* a target population. • *Includes a clearly reasonable* estimate of number of residents impacted.	• Clearly identifies a target population. • Includes a clearly reasonable estimate of number of residents impacted. • *Target population clearly includes Cannon County residents*	
Project Narrative: *Question #5*	*Points Available:*	1	2	3	4	5	
	Scoring Criteria:	• Does not identify any data points to collect to measure success. • Does not identify a plan of action to collect data.	• Identifies data points to collect that *poorly* measure success. • *Identifies a poor* plan of action to collect data.	• Identifies data points to collect that *adequately* measure success. • *Identifies an adequate* plan of action to collect data.	• Identifies data points to collect that *strongly* measure success. • Identifies a *strong* plan of action to collect the data.	• Identifies data points to collect that strongly measure success *of stated goals.* • Identifies a *comprehensive* plan of action to collect the data *throughout the year.*	
Project Narrative: *Question #6*	*Points Available:*	1	2	3	4	5	
	Scoring Criteria:	• Does not identify any positive community	• *Partially* identifies a positive community	• *Adequately* identifies a positive community	• *Clearly* identifies a positive community	• Clearly identifies a positive community impact	

		impact through program outcomes.	impact through program outcomes.	impact through program outcomes.	impact through program outcomes.	through program outcomes. • *Proposed community impact can reasonably be accomplished within a year.*	
Project Narrative: *Question #7*	*Points Available:*	1	2	3	4	5	
	Scoring Criteria:	• Organization provides no strategy for sustaining their program after Cannon County grant funding.	• Organization provides a *poor* strategy for sustaining their program after Cannon County grant funding.	• Organization provides an *adequate* strategy for sustaining their program after Cannon County grant funding.	• Organization provides a *strong* strategy for sustaining their program after Cannon County grant funding.	• Organization provides a strong strategy for sustaining their program after Cannon County grant funding. • *Proposed sustainability plan is reasonably attainable.*	
Project Narrative: *Question #8*	*Points Available:*	1	2	3	4	5	
	Scoring Criteria:	• Does not identify organization's capacity to be successful.	• *Inadequately* explains organization's capacity to be successful.	• *Adequately* explains organization's capacity to be successful.	• *Clearly* explains organization's capacity that will *directly contribute to the success of the program.*	• Clearly explains organization's capacity that will directly contribute to the success of the program's *stated goals.*	

Project Narrative: *Question #9*	*Points Available:*	1-2	3-4	5-6	7-8	9-10	
	Scoring Criteria:	• Budget justification does not identify an alignment to completion of the project narrative.	• Budget justification *poorly* identifies alignment to support completion of the project narrative.	• Budget justification *adequately* identifies alignment to support completion of the project narrative.	• Budget justification identifies a *clear* alignment to support completion of the project narrative. • *Budget justification provides reasons for external funding to accomplish project objectives.*	• Budget justification identifies a clear *and strong* alignment to support completion of the project narrative. • Budget justification *reflects necessity* for external funding to accomplish project objectives.	
Project Narrative: Question #10	*Points Available:*	1	2	3	4	5	
	Scoring Criteria:	• Organization does not identify any effective uses of funds with partial funding awarded	• Organization *partially* identifies effective uses of funds with partial funding awarded.	• Organization *adequately* identifies effective uses of funds with partial funding awarded.	• Organization *clearly* identifies effective uses of funds with partial funding awarded.	• Organization clearly identifies effective uses of funds with partial funding awarded. • *Proposed uses of partial funding are likely still effective.*	

Project Budget	*Points Available:*	1-3	4-6	7-9	10-12	13-15	
	Scoring Criteria:	• Budget does not reasonably allocate the funding demand. • Budget is minimally informative or is incomplete.	• Budget *poorly* allocates the funding demand. • Budget *poorly identifies what each line item will be utilized for.*	• Budget *reasonably* allocates the funding demand. • Budget *adequately* identifies what each line item will be utilized for.	• Budget reasonably allocates the funding demand. • Budget *clearly* identifies what each line item will be used for. • *Budget is strategically allocated to reflect the demands of the project narrative.*	• Budget reasonably allocates the funding demand. • Budget clearly identifies what each line item will be used for. • Budget is strategically allocated to reflect the demands of the project narrative. • *Budget is comprehensive of all anticipated expenses.*	
Required Organization Financial Documents	*Points Available:*	0				5	
	Scoring Criteria:	Financial documents are missing in application.				All required financial documents have been submitted in application.	

Insert Organization Name

Section	Score
Project Summary	**/10**
Project Narrative	**/70**
Project Budget	**/15**
Financial Attachments	**/5**
Total:	**/100**

Strengths:

Weaknesses:

General Comments:

Overall Score: **_____ / 100**

Appendix D
Application Checklist

Application Section	Checklist
Project Summary	
Project Narrative Responses	
Project Budget	
Financial Attachments	
• *Copy of Annual Audit*	
• *Budgeted Revenues and Expenses for the Current Year*	
• *Budgeted Revenues and Expenses for the Prior Year*	
• *Actual Revenue and Expenses for the Prior Year*	
• *501 (c)(3) Determination Letter (if applicable)*	
• *Letters of Support (if applicable)*	

Appendix G
Evaluation Metrics Guidance

This document outlines suggested evaluation metrics within each main strategy that can be included in your grant application to measure success.

Primary Prevention

- Increasing local screening for Opioid Use Disorder (OUD) and Substance Use Disorder (SUD)
- Increasing community knowledge of the risks of substance misuse
- Increasing utilization of local drug disposal units
- Expanding implementation of evidence-based school prevention programs

Harm Reduction

- Expanding distribution of naloxone to all members of the community
- Increasing awareness of first responders on strategies to connect at-risk individuals with behavioral health supports
- Expanding comprehensive syringe service programs with wrap-around services
- Increasing the number of community members trained in naloxone administration

Treatment

- Increasing the distribution of Medication Assisted Treatment (MAT) to uninsured individuals
- Increasing knowledge of MAT to healthcare providers, first responders, and law enforcement
- Expanding integration of medication in residential and outpatient treatment programs
- Expanding MAT to incarcerated individuals

Appendix G
Evaluation Metrics Guidance continued...

Recovery Support

- Expanding warm hand-off services to transition into recovery services
- Increasing local comprehensive wrap-around services including housing, transportation, and job training
- Expanding the capacity of locally trained Peer Recovery Specialists
- Expanding recovery support for individuals transitioning out of the criminal justice system

Education and Training

- Increasing knowledge of MAT within healthcare providers, first responders, and Peer Recovery Specialists
- Increasing awareness in government staff of appropriate procedures to provide services to individuals in recovery
- Decreasing local stigma regarding individuals with OUD and stigma of effective OUD treatment
- Increasing knowledge of emergency room staff on post-discharge planning with opioid overdose patients

Research and Evaluation

- Identifying locally effective opioid abatement strategies with measurable success
- Increasing utilization of local Prescription Drug Monitoring Data to improve local surveillance