Public Health Department
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Clearwater County Opioid Settlement

Grant Application Request Form

Submit Form

Organization:
Project Name:
Main Project Contact:
Phone:
Email:

Memorandum of Agreement Justification:

Prevention ☐ **Harm Reduction** ☐ **Treatment/Recovery** ☐ **Criminal Justice** ☐

Opioid Response ☐

Amount Requested: $ **Upfront funds** ☐ **Reimbursable funds** ☐

Project Timeline:

Background: Provide your agency's background and experiences working with opioids.

Project Description: Describe the project's major activities, goals, and anticipated outcomes and how it will assist in the abatement of the opioid epidemic. (Include age/group of people served, areas of Clearwater County served and estimated number of people served/reached).

Budget Description: Describe how the funds will be used to reach the anticipated outcomes (include explanation of any matching funds)

Community Input: Describe your needs assessment and identify any unmet needs, gaps or barriers and explain how receiving this funding would address these gaps.

Sustainability Plan: Explain how your proposed initiative (project) will be sustained once these opioid funds are exhausted.

If additional space is needed for the above responses please complete on another page and submit with this form. Please also attach any additional supporting documentation. The Opioid Advisory Group may schedule interviews with grant applicants to discuss their project prior to awarding grant funding.

Requestor Signature: _____ Date: _____