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Opioid Settlement Funds

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*Please complete the application below in its entirety. You may attach additional pages as needed. Applications will be accepted for up to \$100,000.00 for direct services and \$50,000.00 for indirect service projects. Funds are limited due to the amount of settlement received and projects may not receive full request. A 20% match of funds will be required for all projects; however, a waiver of match may be requested and will be evaluated on a case-by-case basis. Waiver Request forms are available upon request. Funding decisions are at the sole discretion of the City and the City reserves the right to deny any request for funds and/or waivers of match for any reason.*

*Once submitted, this application and any supporting documents are considered a public record and will be posted on the City's website and made available to the public and the media upon request.*

- CERTIFY THAT YOU HAVE REVIEWED EXHIBIT A, SCHEDULE A - CORE STRATEGIES and SCHEDULE B APPROVED USES**
- CERTIFY THAT YOU UNDERSTAND THAT A REPRESENTATIVE(S) OF THE CITY MAY MAKE VISITS DURING THE APPLICATION PROCESS AND DURING THE GRANT PERIOD FOR MONITORING PURPOSES *WITHOUT* PRIOR NOTICE.**

**Section One: Contact Information**

**Name of Organization and Contact Persons Name for application\***

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**Address\***


**Website, if applicable:**

**Phone Number\***

**Email address\***

***FEIN\****

**UEI\***

**Registration in SAM.gov    \_\_\_\_\_ Yes    \_\_\_\_\_ No**

***\*If yes, please list expiration date \_\_\_\_\_***

**Are you in good standing    \_\_\_\_\_ Yes    \_\_\_\_\_ No**

**Section Two: Project Summary**

**Executive summary of the proposal\***

Please include details regarding the design and strategy of your proposal.

3.5 page maximum

**Which of the following Core Strategies and Approved Uses will be met?**

Please check all that apply:

**Schedule A Core Strategies \***

- Naloxone or other FDA -Approved Drug to reverse opioid overdoses.
- Medication Assisted Treatment ("MAT") Distribution and other opioid related treatment Pregnant & postpartum women.
- Expanding treatment for Neonatal Abstinence Syndrome Expansion of warm hand-off programs and recovery services
- Treatment of incarcerated population
- Prevention Programs
- Evidence based data collection and research analyzing the effectiveness of the abatement strategies Law Enforcement
- Research

**Schedule B Approved Uses\***

- Treat opioid use disorder (OUD)
- Support people in treatment and recovery.
- Other

**Provide specific information on how your project will meet the Core Strategies and Approved Uses. \***

3.5 page maximum

**Key anticipated outcomes\***

**Individuals or communities served\***

**Describe your organization's connection to the City of Fairmont\***

**Amount of funding requested\***

\$

**Amount of matching funds raised or committed by your organization\***

\$

**Source of matching funds raised or committed by your organization\***

**Project timeline\***

Include how long it will take you to implement and complete the project if awarded funding. *The project period is 12- months.*

*3.5 page maximum*

**Section Three: Proposal Details**

**Describe the problem or need that your project seeks to address\***

*3.5 page maximum*

**Total proposed budget\***

**\*\*Include the following:**

- ❖ *A detailed proposed budget*

*Example:*

<i>Category</i>	<i>Amount</i>	<i>Purpose</i>	<i>Source(s) of Funding</i>
<i>Personnel</i>			
<i>Contracts</i>			
<i>Travel/Training</i>			
<i>Equipment</i>			
<i>Other</i>			

- ❖ *Proposed budget narrative\**

Describe how you will use the requested funding to complete the proposed project.

*3.5 page maximum*

**List any partners in this proposal, the partners' roles, and your relationship with them.\***

*3.5 page maximum*

**List leadership/key personnel\***

*Identify the anticipated leadership/key personnel of the proposal and attach resumes for each person.*

*3.5 page maximum*

**Describe your plan for sustainability after the grant award has been exhausted. \***

*3.5 page maximum*

**Section Four: Organization Information**

**Provide your organization's mission statement. \***

**Describe the history of your organization. \***

**Tell us about your current programs and activities. \***

**Describe three significant accomplishments of your organization within the last three years. \***

**All sources of funding\***

List all funds received by your organization from any federal, state, local or private grant awards or funding received in the last year and the current status of those funds.

**Organization Members\***

- *List your Organization’s Owner(s), Board of Directors, senior staff members, and other key members of your organization.*
- *List the staff involved with this project and describe their roles and responsibilities:*

***Attach the Following:***

**Certifications \***

- Certifications of good standing with the Secretary of State
- All licensures required from the city
- All licensures and certifications for all individuals that will be working on this project.
- All special licensures and certifications required by the state

**Audited financial statements\***

Attach one year of the most recent audited financial statements.

**Statement of Expenditures, Encumbrances, & Appropriations and Cash Flow\***

Attach your organization's most current monthly Statement of Expenditures, Encumbrances, & Appropriations and Cash flow statement

**Current operating budget\***

Attach your organization's current operating budget.

**\*\*If you have made an application for funding for this project from other sources (city, state, private or non-profit organizations) please list the same here.**

**Section Five: Supplementary Information**

**Third-party reference\***

*Enter contact information for at least one outside third-party reference.*

NAME	EMAIL	PHONE NUMBER	TITLE/ORGANIZATION	RELATIONSHIP TO YOUR ORGANIZATION

**Supplementary information or documentation**

Attach any supplementary information or documentation (such as letters of support) that you feel will be essential to the City's review.

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*Signature*

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*Name (Print)*

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*Title*

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*Date*

*While we are unable to help you complete this application, we are more than happy to provide you with clarification. Please contact Rene Graves, Grant Administrator, with any questions at [rgraves@fairmontwv.gov](mailto:rgraves@fairmontwv.gov) or 304-366-6212 x 321.*

*All projects will run for 12 months from the time of the signed contract with the ability to apply for a one-year no cost extension.*