

**1645 N Street, Lincoln, Nebraska 68508**

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[**https://region5systems.net/**](https://region5systems.net/)

**OPIOID SETTLEMENT FUND GRANT APPLICATION**

Grant applications must be filled out completely and submitted with all required documents. Incomplete application may not be considered. Submissions must include the following:

* Opioid Settlement Fund Grant Application
* Project Narrative
* Opioid Settlement Fund Budget Request
* Extended Risk Assessment Documentation (as applicable)

**Completed applications should be submitted to** **opioidproject@region5systems.net** **no later than Monday, May 6, 2024, at 5:00 p.m.**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Required before final submission.

**Organizational Information**

\* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Tax ID Number (EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT: \_\_\_\_\_\_\_\_\_\_\_\_\_

\* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* State: Nebraska \* Zip Code: \_\_\_\_\_\_\_\_\_\_ \* County: \_\_\_\_\_\_\_\_\_\_\_\_

 Legal Status: For Profit Non-Profit Public Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Director/CEO**

\* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fiscal Officer/CFO**

Same As Agency Director/CEO

\* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Contact**

Same As Agency Director/CEO

\* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Information**

\* Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Project Length: 1 Year 2 Years 3 Years

\* Please indicate which counties your proposed project will serve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify the priority opioid abatement strategy/strategies from the grant announcement your project will address by indicating their identified letter and number below.

\* Primary Opioid Abatement Strategy Addressed Letter: \_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_

 Secondary Opioid Abatement Strategy Addressed Letter: \_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_

**Project Narrative**

***Attach a project narrative no longer than 10 pages. You must indicate the question number above each of your responses and respond in the order provided below. You may not combine two or more questions or refer to another section of the project narrative in your response. Submissions that do not include response to all questions and/or do not indicate questions numbers may not be considered.***

\* 1. Provide a brief description of the applicant’s history, mission, ownership, and organizational structure. Include any experience the organization has in providing the proposed project, employee turnover rate, and tenure of key leadership positions.

\* 2. Provide a brief project description, including project goals, desired outcomes, and your vision for success.

\* 3. Identify any employee positions that will work on this project. If employee is already employed by the organization include short description of their expertise to work on the proposed project.

\* 4. Describe the target population/focus of your project. How are the activities of the project with these populations aimed at addressing racial, ethnic, or other disparities?

\* 5. Describe the key activities of the project. Please include your organization’s strategy for identification, outreach, and systems of distribution for the target population.

\* 6. Describe how you will assess progress toward the project’s SMART (specific, measurable, achievable, relevant, and time bound) goals. Identify the metric(s) you will track to understand progress, emerging insights, and measures of success. Include baseline and/or industry standards
(if available) and target.

Example: Offer four trainings in XYZ evidence-based curriculum to substance use disorder treatment providers by June 30, 2025. Target: 100 attendees at each training, will be measured through attendance sheets. Post test data will be collected from attendees immediately following training, with expectation that the average score will be 80% or higher.

\* 7. Describe the procedures for direct consumer involvement in the program (if applicable). Including an explanation of:

1. How potential consumers will be informed about the program and consumer rights.
2. Meaningful participation of consumers will be incorporated into the development, evaluation, and ongoing modifications of the program.

**Project Budget**

***Attach a completed Opioid Settlement Fund Budget Request form to this application. Applicants must complete each tab of the Opioid Settlement Fund Budget Request form to be considered for award. See attached form.***

**Extended Risk Assessment**

***The following documentation is required for proposed project budgets that are $10,000 or more. Applications that do not include these documents and are $10,000 or more may not be considered.***

Organizational Chart

Strategic Plan

Proof of Insurance

Most Recent Audited Balance Sheet

Documentation of Licensure (if applicable)

Description of your Organziational Internal Controls

**Certifications**

I hereby certify the following:

* The funds applied for under this grant program are neither to supplant or replace existing federal or state funding.
* All information included and/or attached to this grant application is accurate and true to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Organization Director/CEO Date