



Region 6 Behavioral Healthcare

Opioid Settlement Funds Grant Application Form

Grant applications must be completed in full and received with all required materials and information. Incomplete applications will not be considered for funding. Submissions must adhere to the requirements specified in Exhibit E of the National Opioid Settlement Agreement (Attachment A) and include the following documents:

- Opioid Settlement Funds Grant Application Form
- Opioid Settlement Funds Budget Form (Attachment B)

The due date for receipt of grant applications is October 25, 2024, and applications must be received in Region 6 Behavioral Healthcare's office by 4:00 p.m. (CST).

Date of Application:

Name of Agency/Organization:

Agency/Organization Address:

Federal Tax ID (EIN):

Legal Status:

Agency/Organization Contact Name and Phone Number:

Area of interest you are requesting funding for:

1. Will these funds be utilized in Region 6 Behavioral Healthcare's 5-county area:

Yes: No:

2. What county will these funds serve:

If multiple, please list:

3. Have you applied for, or received other opioid settlement funds:

Yes: No: If so, please list how much:

4. Provide a detailed description of how you intend to utilize requested opioid settlement funds, including how you plan to address opioid use disorder needs in Region 6 Behavioral Healthcare's 5-county area. Include any key activities your agency or organization plans to undertake if your grant application is approved.

5. Outline your agency's or organization's experience and capability to effectively utilize the requested opioid settlement funds, including details on your mission, values, staffing, existing substance use services, accreditations, and other relevant factors.

6. Describe how the receipt of opioid settlement funds will contribute to the prevention, treatment, or recovery of Opioid Use Disorder. Please elaborate if the receipt of funds will implement a new or necessary insight or idea or expand upon an existing service or project.

7. Provide a detailed outline demonstrating how the allocation of funds will comply with the requirements specified in the National Opioid Settlement Agreement's Exhibit E document (Attachment A).

8. Explain your agency's or organization's strategy to sustain its proposed plan for funding once the award period concludes.

9. Please list the anticipated outcomes for the implementation of opioid settlement funds, including the methods your agency or organization will use to measure and evaluate these outcomes. If you are requesting to expand an existing program or project, please provide current outcome data to support your request.