

DELAWARE COUNTY OPIOID SETTLEMENT FUNDS APPLICATION FORM

PART ONE: FUNDING AND ORGANIZATION INFORMATION

Funding Request

Total Amount Requested: \$ _____

Date Submitted: _____

Name of Project: _____

Duration of Project: _____ When are funds needed? _____

Nature of Proposal: Treatment _____ Prevention _____ Other _____

In what geographical location will the funds be used?

Organization Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Email: _____ Federal ID #: _____

Chief Staff Officer (Name & Title): _____

Phone number: _____

Contact Person (Name & Title): _____

Phone number: _____

Board Chairperson (Name & Title): _____

Phone number: _____

Dates of Organizations fiscal year: _____

Organization's total operating budget for past year and current year: _____

Please list the organization's staff composition in numbers:

Paid full time _____ Paid part time _____ Volunteers _____ Interns _____ Other _____

Total staff (both professional and volunteer): _____

Has the governing board approved a policy which states that the organization does not discriminate as to age, race, religion, sex, disability, sexual orientation, or national origin? Yes _____ No _____

If yes, when was the policy approved? _____

Population Served

Please check the primary service category of organization (check only one):

MH/SUD Treatment MH/SUD Outreach/Education/Advocacy Physical Health/Medical Community Support Services Civil/Economic Development Education Criminal Justice/Forensic Other (specify) _____

Authorization

Has the organization's chief executive officer authorized this request? Yes _____ No _____

Signature _____

Print Name/Title _____

Date _____