

Opioid Funding Application

Background: From 2012 through 2016, there were 58 Indiana Counties which had opioid prescribing rates greater than 100 prescriptions per 100 residents. Working through local governments, the State of Indiana has acquired and is disbursing funds to fight this epidemic. Disbursements are currently scheduled to be received by units through 2038. Over the years, Monroe County expects to receive approximately \$5,000,000.00. Monroe County is seeking to fight this epidemic by providing funds to individuals and organizations working to support people directly impacted by the opioid epidemic and those seeking or in treatment and recovery in Monroe County.

Note: Applications must go through a review process. Opioid funding is limited and some applications may not be approved. Only proposals directly related to addressing the opioid epidemic will be considered for funding. The following governmental units are EXCLUDED from funding consideration: City of Bloomington, Town of Ellettsville and Town of Stinesville.

Procedure:	
Step 1: Determine Eligibility	In order to qualify for funding, the organization or individual must fall into one of the following two categories: <ol style="list-style-type: none">1. The organization must be a nonprofit entity registered as a 501C3, 501C19, or county department working to combat substance use disorder. Examples of approved abatement uses are:<ul style="list-style-type: none">*Prevention programs*Expanding syringe service programs*Treatment of Opioid Use Disorder*Treatment for incarcerated population*Expansion of warm hand-off programs and recovery services*Medication assisted treatment distribution and other opioid related treatment2. Be an individual that meets the criteria to be a certified addiction peer recovery coach I or II, and is seeking funding for both training and testing.
Step 2: Gather Documentation & Submit	Complete the application form and submit the fully executed application by clicking the "submit" button or email the application to opioid@co.monroe.in.us . If applying for funding type 1, please include the required documents at time of submission. *The suggested maximum funding request per application is \$200,000.00.
Questions:	Please contact the Monroe County Auditor's Office with any questions. Email: cwoodruff@co.monroe.in.us or bgregory@co.monroe.in.us Phone: 812-349-5024

For additional details, please refer to the Monroe County Opioid Settlement Funding Proposal Procedure.

**Complete only funding type 1 or 2 on the following pages.
Do not complete both sections.**

Opioid Funding Application (continued)

Funding Type 1 (Organizations requesting Funding)

Name of Organization: _____

Organization Phone: _____

Organization Email Address: _____

Organization Physical Address: _____

Program Name: _____

Authorized Representative Name: _____

Authorized Representative Title: _____

Authorized Representative Signature: _____
(Electronic/Typed Signatures Accepted)

Signature Date: _____

Budget Request (Include timeline.)

Year	Year 1	Year 2	Total
Personnel Salary			
Personnel Fringe			
Supplies			
Services			
Capital			
Other (explain below)			
Total Funding Requested			

Please indicate whether your organization is a 501(c)3 or 501(c)19:

501(c)3

501(c)19

Monroe County Department
(Attachments not required for internal offices)

What date was the 501(c)3 or 501(c)19 established? _____

Please provide a summary of your project and details as to how the project will address the impact of Substance Use Disorder (SUD) in Monroe County. What individuals or groups of individuals would benefit from the project?

What does your project timeline look like?

Please provide any budgeting notes here.

Please include the following documents when submitting the funding application:

- IRS determination letter displaying 501(c)3 or 501(c)19 status and origination date
- Sam.gov entity information sheet
- Documentation proving that the 501(c)3 or 501(c)19 operates within Monroe County
- Current Year W9 Form

By completing this application, the organization and representative certify that all information provided on this document is true and accurate. The organization/individual submitting this form agrees to follow all Monroe County guidelines, comply with any County or external audit requirements/request, provide funding updates to the Auditor's Office if requested, and sign (and abide by) an MOU drafted by the Monroe County Legal Department. The Organization receiving funds from Monroe County agrees to return funding to the County if funds are spent in a way that is unallowable under the MOU. The group/applicant understands that completing this form does not guarantee disbursement of funds. By submitting this request form, the organization/individual confirms that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into any grant agreement by any federal or state department or agency.

Opioid Funding Application (continued)

Funding Type 2 (Individuals Seeking Funding for Training/Testing)

Name of Individual Seeking Training/Testing: _____

Individual's Phone: _____

Individual's Email Address: _____

Sponsoring Organization Name: _____

Sponsoring Organization Phone: _____

Sponsoring Organization Email: _____

Funding Amount Requested: _____

Vendor Name for Training/Testing: _____

Vendor Phone: _____

Vendor Email Address: _____

Individual's Signature: _____

Signature Date: _____

Please provide a summary of how your training/testing will help Substance Use Disorder in Monroe County.

Funding for type 2 will be submitted directly to the vendor. Monroe County may ask for the applicant's cooperation in obtaining vendor W9 documentation, invoices, and other items required to submit payment to the vendor. By applying for this funding, the applicant agrees to comply with all requests for information.

By completing this application, the organization and representative certify that all information provided on this document is true and accurate. The organization/individual submitting this form agrees to follow all Monroe County guidelines, comply with any County or external audit requirements/request, provide funding updates to the Auditor's Office if requested, and sign (and abide by) an MOU drafted by the Monroe County Legal Department. The Organization receiving funds from Monroe County agrees to return funding to the County if funds are spent in a way that is unallowable under the MOU. The group/applicant understands that completing this form does not guarantee disbursement of funds. By submitting this request form, the organization/individual confirms that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into any grant agreement by any federal or state department or agency.