

**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 \_\_\_\_\_