Martin County JRAC Opioid Award Application

Name of Organization:
Address of Organization:
Contact Person:
Phone Number:
Email:
Focus Area: *(select all that apply)* ☐ Prevention ☐ Treatment of Addition or Mental Health ☐ After Care ☐ Supportive Care for Family

1) What is the amount of your award request?

2) Do you currently have any partners? *If yes, who are they?*

3) Will you provide a report on how the funds are spent, along with documentation?

4) Are you in compliance with the Internal Revenue Service and all state, federal, and local authorities under which you operate? *If not, please provide further details.*

5) What is the name of your project or program?

6) Provide a description of the project or program and specify the issues that the program aims to address. Be sure to explain how the project will align with your stated focus area(s) and indicate which parts of FSSA Exhibit E-List of Opioid Remediation Uses (by letter and page number) your program intends to address.

7) Describe the population that your project intends to target.

8) List in detail the program activities and how they will address the focus area(s). *If there are examples of work or other projects, please explain and provide documentation.*

9) What impact do you expect from your program, and how do you plan to measure it?

10) Do you have a plan to sustain the program or project after the requested money has been used? *If so, please describe the plan.*

11) Provide a comprehensive budget for the requested amount of funding *using the attached application budget template.*

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12) Provide details if you receive funding or grants from any other local, county, state, federal, or other type of organization or government.

13) You may attach a brief statement explaining why your organization should be awarded these funds, addressing any important issues for the decision-making process.

14) If you are requesting partial funding for a project, how do you intend to fully fund your project? Please provide details of additional funding being utilized for your projected project (i.e., MOUs, grant applications, grant awards, budgets, etc.)

15) Can you provide financial information for your organization in support of this application? Such as business entity reports, 501(c) 3, annual financial reports, etc.). *If not, why?*

I declare under penalty of perjury that I, _____, have the authority to submit this funding application on behalf of the organization for Martin County Opioid Funds. I confirm that the information provided is true and accurate to the best of my knowledge and belief.

Dated: _____ **Signature: _____**

Printed Name: _____

Eligibility

- Please ensure that all applications are typed for clarity and consistency. Additional pages may be included if necessary, using the same numbering as the application form.
- Requests must comply with the FSSA Exhibit E-List of Opioid Remediation Uses.
- Only completed applications will be considered for review.
- Completed applications and all required documentation must be emailed to jrac@martincounty.in.gov to be considered for this award. Please submit all materials as a single PDF document, including the application and all attachments.
- If your organization receives funds, you agree to provide MC-JRAC with reports and accounting records that explain how the funds were used, along with performance measures. Additionally, you agree to allow MC-JRAC to share information about your organization, its activities, and the use of the funds.
- **Scoring:** Your application will be evaluated based on the scoring rubric. MC-JRAC will recommend the award approval to the County Council/County Commissioners.
- Please be sure to provide the following documentation:
  1. *This document and all attachments must be provided in one PDF along with this signed form.*

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2. *Any organizational documents required for your organization, such as By-Laws, Mission/Vision Statements, Articles of Incorporation, 501c3 or other tax documentation if a charitable organization.*
3. *Please provide documentation that includes the following information about your organization: (a) Are you a for-profit or non-profit organization? (b) Are you a corporation, LLC, partnership, or something else? (c) How long have you been in operation? (d) Who is the director?*
4. *A budget for your proposed award.*
5. *Any relevant certifications or government regulations related to your organization's work.*
6. *All documentation in support of the information provided in this application.*