

NATIONAL OPIOID SETTLEMENT FUNDS GRANT APPLICATION

1. Organization/Project Contact Information

Organization Name	
Organization EIN	
Contact Name & Title	
Organization Address	
Contact Phone Number	
Contact E-mail Address	
Organizational status	IRS 501(c)(3) <input type="checkbox"/> Other (explain)

2. Overview

Project Title	
Proposed Project Start Date	
Proposed Project End Date	
Amount Requested from National Opioid Settlement Funds Grant	

3. Brief Description and Beneficiary Information

General project description (approximately 250 words)	
Need for project and the expected impacts of the project within the Ketchikan Gateway Borough. (approximately 250 words)	
Potential challenges that may impact project implementation (approximately 100 words)	
Geographic area to be served by project	

Estimated number of participants expected to be served by category <i>Please complete the following as applicable to the proposed project</i>	
Upstream / Primary Prevention	
Treatment	
Harm Reduction	
Recovery	

4. Budget Information

Estimated Personnel costs to be funded by the Opioid Settlement Funds Grant Program		\$
Brief description - Personnel		

Estimated Facilities costs to be funded by the Opioid Settlement Funds Grant Program		\$
Brief description - Facilities		

Estimated Supplies costs to be funded by Opioid Settlement Funds Grant Program		\$
Brief description – Supplies		

Estimated Equipment costs to be funded by the Opioid Settlement Funds Grant Program		\$
Brief description – Equipment <i>*Equipment costs are subject to approval by Borough.</i>		

Estimated Other Costs (contractual services, etc.) to be funded by the Opioid Settlement Funds Grant Program		\$
Brief description – Other Costs		

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