

# Franklin County Opioid Settlement Application for Funding

Franklin County • 140 Main St Suite 3 • Farmington, ME 04938 • 207-778-6614

---

Date: \_\_\_\_\_

See Appendix A, Exhibit E

Name of applying individual, business, or organization: \_\_\_\_\_

Please check which type of organization is applying for funds:

Private enterprise/Person

501(c)(3) nonprofit organization

Community organization

Fiscal sponsor: \_\_\_\_\_

Government entity

Please specify: \_\_\_\_\_

This project is being pursued by:

Single business or organization

A collaboration including: \_\_\_\_\_

A one-line description of your project:

---

Dollar amount requested: \_\_\_\_\_ Total project budget: \_\_\_\_\_

Please indicate which Opioid Settlement approved categories your project will address:

Prevention

Harm Reduction

Treatment

Recovery

What substance is your project targeting?

Alcohol

Cannabis

Opioids

Prescription Drugs

## Application directions:

- Fill out the application form completely, including this page.
- Do not send any materials under separate cover.
- Email in PDF format your application and narrative materials to [abernard@franklincountymaine.gov](mailto:abernard@franklincountymaine.gov)
- Narrative sections typed separately should be in a non-script, non-italic type of no smaller than 11 points.
- Registered nonprofit organizations should include a copy of their IRS determination letter.
- Organizations needing a fiscal sponsor to handle funds should include a letter from that sponsor documenting its identity and willingness to accept Franklin County Opioid Settlement funds for the project.
- Please see the checklist at the end of this application to be sure you have included all required information and attachments.
- All applications should include a cover letter signed by the leader of the business or organization.

Please provide the following information.

### I. Applicant Information

Legal name of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Number of years business/agency in existence: \_\_\_\_\_

Number of paid staff (note FT, PT, *and/or Seasonal*): \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Federal Tax I.D. or EIN: \_\_\_\_\_

President or Executive Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Board president (*if applicable*): \_\_\_\_\_

Amount requested from Franklin County Opioid Settlement Funds for this project: \_\_\_\_\_

Total project budget: \_\_\_\_\_

A 200-word (maximum) description of your project (*you may add a one-page typed description of your project to this application if you wish*):

### III. Financial Information

Fiscal year start and end dates: From \_\_\_\_\_ to \_\_\_\_\_

#### Revenues and Expenses for Enterprises Currently in Business

##### Revenue

Income from sale of goods & services	\$
Grants and donations:	
Individuals & businesses	\$
Foundations	\$
Government funding	\$
Personal funds	\$
Interest income	\$
Other (please list):	\$
<b>TOTAL REVENUE</b>	<b>\$</b>

##### Expenses

Administration	\$
Labor	\$
Supplies	\$
Equipment	\$
Fundraising costs	\$
Other (please specify):	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

**NET (REVENUE - EXPENSES)** \$ \_\_\_\_\_

If any shortfalls occurred, please explain how they were financed:

A large, empty rectangular box with a thin black border, intended for the user to provide an explanation of how any shortfalls were financed. The box is currently blank.

**Assets and Liabilities for Last Fiscal Year**

From: \_\_\_\_\_ to: \_\_\_\_\_

<b>Assets</b>		<b>Liabilities</b>	
Cash		Accounts payable	
Property & equipment		Long-term liabilities	
Accounts receivable			
Investments			
Other (please list):			
<b>Total assets:</b>		<b>Total liabilities:</b>	

Restricted Assets or Revenue (explain):

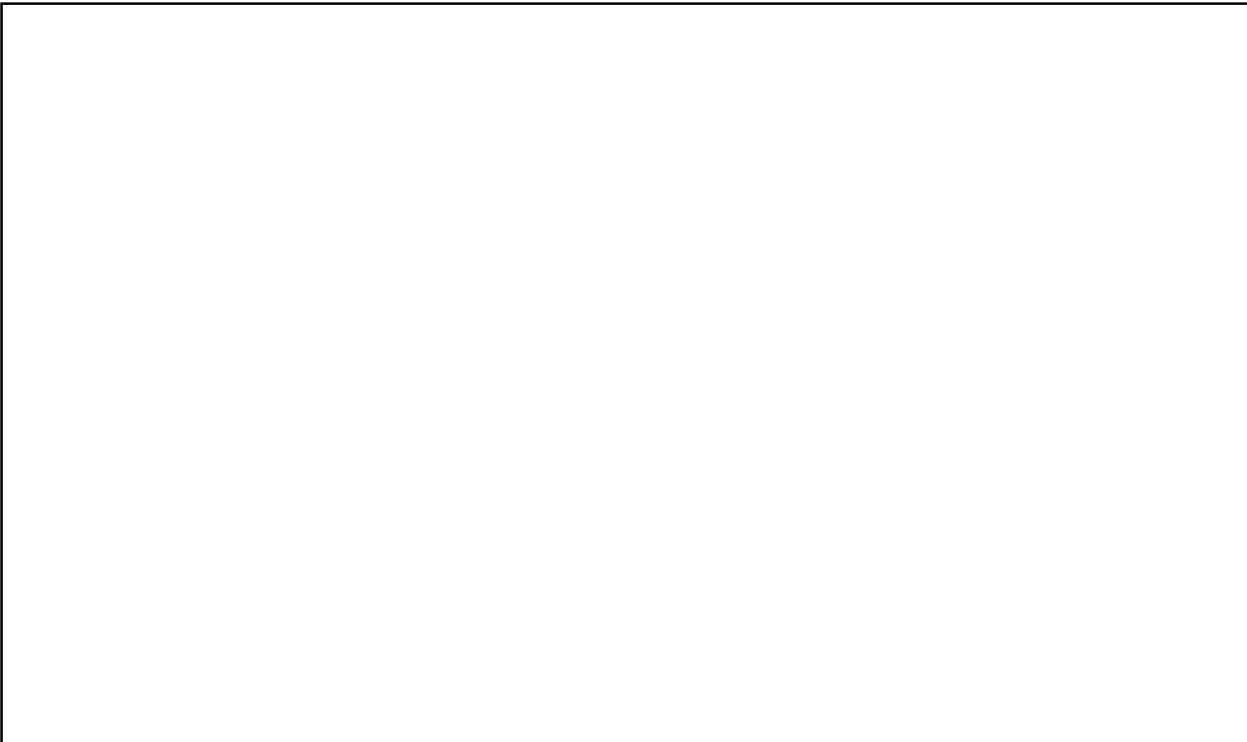
**IV. Project budget**

**Please attach a budget for your proposed or ongoing project**, including startup costs, operating costs, estimated payroll, equipment, and supplies, and so on.

Also include anticipated sources of revenue for the project, including donations, earned income, and fees for services.


**V. Sustainability plan**

Franklin County Opioid Settlement funding is intended to provide proven opioid-related treatment programs to include, prevention and recovery services through the Opioid Settlement funds received through the Class Action Lawsuit. See Exhibit E



## VI. Barriers to Success

Please indicate the greatest impediments to the success of your proposed project and plans to address them.

A large, empty rectangular box with a thin black border, intended for the respondent to write their answers to the question about barriers to success.

## VII. Project Narrative

You may use the spaces below each major section, or you may include a separate page. Please do not exceed one typed page (minimum 11-point type) for each section.

**History of your company or organization** (founding date, mission, region, and population served, top products or services, etc.):



**Overview of the project for which you seek funding** (1. overall goal; 2. how this project will strengthen your organization; 3. up to three measurable outcomes that will help achieve your goal; 4. specific activities required to complete the project):

Who will be served by this project?

Town(s): \_\_\_\_\_

The age range of those served: \_\_\_\_\_

Approximate number: \_\_\_\_\_

**Plan for evaluating the success of this project:**

**VIII. Signatures - Must be original, not photocopied.**

\_\_\_\_\_  
Signature of president, chief executive officer, or board president (nonprofits) \_\_\_\_\_  
Date

\_\_\_\_\_  
Print name \_\_\_\_\_  
Title

Fiscal sponsor (if applicable):

\_\_\_\_\_  
Signature of officer of fiscal sponsor organization \_\_\_\_\_  
Date

\_\_\_\_\_  
Print name \_\_\_\_\_  
Title

## Application Checklist

Please be sure you have included or completed the following items before submitting your application:

- Complete contact information
- For nonprofits, a copy of your IRS determination letter
- All sections completed on this form or, if typed on a separate sheet, so noted in the correct areas on the form (*"Please see attachment A,"* etc.) and appropriately titled on the separate sheet
- A project budget as noted in Section IV
- A cover letter from the leader of your organization
- If you have a fiscal sponsor, a letter from that sponsor as indicated under "Directions" on the first page of this application.
- Up to three letters of support (optional)
- Original signatures on the application
- Remove and retain the Appendix of this application before submittal.

## **Appendix A: Guidelines and Considerations for Franklin County Opioid Settlement Funding Applications**

**Note:** *The following appendix is for informational purposes. You do not need to return the appendix with your application.*

-For questions and/or assistance preparing an application, contact the Administrator via email [abernard@franklincountymaine.gov](mailto:abernard@franklincountymaine.gov) .

**The Franklin County Opioid Settlement Program has specific limitations regarding who may apply and what projects and costs are eligible for funding assistance. It is important to understand these guidelines prior to applying. See below for details.**

### **Public Program:**

The Commissioners of Franklin County are entrusted by its citizens to be responsible stewards of the Opioid Settlement program funds. Accountability and transparency are held in the highest regard. As *such*:

- Applicants must be willing to make public all matters and materials provided as part of an Opioid grant. Information relating to project design and implementation including perhaps competitive advantages, personal and business financial and tax data, is all subject to public review.
- The county will, under special and limited circumstances, take appropriate steps to protect personal and/or proprietary information relating to Opioid Settlement projects.

### **Eligibility to Apply:**

Key considerations for Opioid Settlement grant award determinations include:

#### Project Location

- The proposed activity must take place within Franklin County

#### Opportunity for economic impact

- Projects intended to create and/or retain jobs in the county are more likely to receive support through this program.

#### Sustainability

- Opioid Settlement grant funds are not intended to be utilized as a long-term subsidy. Applicants need to show a plan and trends towards becoming self-supporting.

### **Special considerations for large-scale investment and/or job creation:**

In keeping with the original intent of this program, project proposals that offer substantial capital investment and/or the strong potential for significant job creation within Franklin County may be eligible for additional support through this program. These exceptional cases may be considered from time to time on an individual basis, but potential applicants must contact the Opioid Administrator to discuss prior to applying. Awards and funding levels will be at the sole discretion of the County Commissioners.

### **Grantee Obligations:**

Successful applicants are not required to accept grant funds awarded to them. The county allows applicants up to three months from the time of notice of award to accept that award. If the award is not accepted within that timeframe, the application and award notice will be considered void. Those who do choose to accept a grant award will be required to first agree to specific terms outlined in a grant contract with the county. Each grant contract is unique to the project funded, but several requirements are inclusive to all grant contracts. Please consider the following:

#### **GRANT PERIOD.**

The grant period for all Opioid Settlement grants will be no less than one year from the time of receipt of an award.

#### **REPORTING.**

All grantees will be required to maintain regular communication with the county. Grantees are typically required to submit progress reports and verification of expenditures halfway through (6 months) the grant period. The Opioid Administrator will work closely with grantees to ensure this occurs.

#### **VERIFICATION OF EMPLOYMENT.**

Grantees will be required to provide evidence of the creation and/or retention of any jobs proposed in the grant application materials. This should include details about the type of job, the frequency and duration (part-time, full-time, long-term, temporary, seasonal), and wage levels or compensation package.

#### **DEFAULT AND REPAYMENT.**

Grantees who do not meet the requirements outlined in the grant contract will be required to repay all or a portion of the funds awarded to them. Each case will be considered on an individual basis, however: Upon the sale, transfer, or dissolution of a grant project prior to the end date of the grant period, the grantee will be held liable for up to the full amount of their initial award amount.

The final determination for distribution of any funds through the Franklin County Opioid Settlement Grant Program will be at the discretion of the County Commissioners.