**Opioid Settlement Funds Application**

Region 1 Behavioral Health Authority does not make grants in support of individuals for political campaigns or lobbying efforts, capital campaigns, to fund an agency’s deficit or endowment, or for the direct support of religious activities.

Applicants must use Exhibit E to ensure that their proposed project meets the requirements for use of the Opioid Settlement funds. Please see attached Exhibit E.

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unique Entity Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Lead/Organizational Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Priority Area you are requesting funding for:

[ ] Treatment Crisis Stabilization

[ ] Treatment Detox Center

[ ] Restorative Justice

[ ] Justice

1. Will this project be located in Region 1: Yes: [ ]  No: [ ]
2. What Counties will be served by this project:

[ ] Banner [ ] Box Butte [ ] Cheyenne [ ] Dawes [ ] Deuel [ ] Garden

[ ] Kimball [ ] Morrill [ ] Scotts Bluff [ ] Sheridan [ ] Sioux

1. Have you applied for other Opioid Settlement Funds: Yes: [ ]  No: [ ]

If so, how much has been requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other agencies have applications been submitted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide a brief description of your proposed project. (3 to 4 sentences max)

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1. What services does your Organization currently provide? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tell us about your Organizational (staffing, qualifications, mission, accreditations, and other relevant demographic information).

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1. Describe the problem that your projected project will address. (Please include data, background information, and the identified needs in your community).

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1. Describe how your proposed project will address the identified problem. (Please include the populations that will be served and benefit from this project).

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1. How will the use of this funding align with Exhibit E requirements for Opioid Settlement funds?

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1. What is your organizational capacity to implement your proposed project? (Please include key personnel, role of your organization in the community, and previous experience with similar projects). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have community support for this project? If so, please explain.

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1. How would your organization sustain this program after the Opioid Settlement funds have been utilized?

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Financial Point of Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Total amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**President or Authorized Person**

 Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Include Provider Budget Forms Provided by Region 1 BHA**

**OUTCOMES**

Include Region 1 BHA provided form for Outcomes Template

Goals: List and explain the goals of the program/service and process and outcome indicators that are measurable.

Goals must:

* Directly relate to the program/service purpose
* Deal specifically with issues related to program/service delivery.
* Address expected short term and long-term benefits.

Process Indicators must:

* Measure the quality of the program/service delivery.
* Focus on the efforts expended rather than the results achieved.
* Include measures of what service was delivered, to whom by whom, for how long and how often.
* Ensure the program/service implemented as intended.

Outcome Indicators must:

* Measure the results achieved or the effectiveness of the program as related to the consumer and consistent with the program goals.
* Account for program effectiveness
* Identify what consumers are expected to achieve as a result of the service provided by the program/service.
* Be expressed in terms of behavior, condition, or thing that is attainable by an individual client who is served by the program/service being evaluated.