

Campbell County Coalition of Recovery Resources Application for Opioid Settlement Funding

Application due date	April 30, 2024
Anticipated notice of award	To be determined
Anticipated funding period	
Submission date	

Organizational Information

Organization name	
Purpose of organization	
Type of organization	
(501c3, for profit, governmental)	
Federal tax ID number	
Is your organization certified,	YesNo
licensed, or accredited by the state of TN? If yes, provide documentation.	
Amount of funding currently being	
received from Campbell County and purpose	
Street address	

Email address	
Phone number	
Name of project director	
Title of project director	
Name of project contact	
Title of project contact	

Project Information

Project title:
Project description:
Project objectives:
Project activities:

Project partners or collaborators:		
Expected outcomes and how success will be mea	sured:	
Project timeline:		
New or existing project? (Check one)	New	Existing
If existing, have/will you receive grant funding fr	om any other source for	r this project?
Yes	No	
If yes, amount:		
If existing, how will these funds be used to supply	ement rather than supple	ant the project?

	YesNo
If yes, please describe and provide estimated amounts:	
Is the project evidence-based or based	d on promising practices? (Provide links to supporting evidence)
	Yes No
Link(s):	
Data to support the need for the proje	ct:
Strategies that will be addressed with	Primary Prevention
Strategies that will be addressed with	Primary Prevention Harm Reduction
Strategies that will be addressed with	Primary Prevention
Strategies that will be addressed with	Primary Prevention Harm Reduction Treatment
Strategies that will be addressed with	Primary Prevention Harm Reduction Treatment Recovery Support
Data to support the need for the proje Strategies that will be addressed with funds: Select all that apply Target population and geographical a	 Primary Prevention Harm Reduction Treatment Recovery Support Education & Training Research & Evaluation

What percentage of funds awarded will be used to serve residents of Campbell County?	
How will this project meet the Board's	main objective of saving lives?

Funding Information (Must also submit a Budget Template)

Total funding request	\$
Budget narrative:	
How will this project be sustained afte	er the funding period?

Checklist of Required Documents:

- _____ Application for funding
- _____ Completed budget and budget narrative (template provided)
- _____ Work plan (template provided)
- _____ Current annual operating budget
- _____ State certification, licensure, or accreditation if applicable
- _____ Letters of support from any project partners or collaborators