



**Campbell County Coalition of Recovery Resources
Application for Opioid Settlement Funding**

Application due date	February 28, 2025
Anticipated notice of award	To be determined
Anticipated funding period	September 2025 through September 2026
Submission date	

Organizational Information

Organization name	
Purpose of organization	
Type of organization (501c3, for profit, governmental)	
Federal tax ID number	
Is your organization certified, licensed, or accredited by the state of TN? If yes, provide documentation.	_____ Yes _____ No
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 measured:

Project timeline:

New or existing project? (Check one)

New

Existing

If existing, have/will you receive grant funding from any other source for this project?

Yes

No

If yes, amount:

If existing, how will these funds be used to supplement rather than supplant the project?

Will you charge a fee or bill insurances for the services provided with this project?

Yes No

If yes, please describe and provide estimated amounts:

Is the project evidence-based or based on promising practices? (Provide links to supporting evidence)

Yes No

Link(s):

Data to support the need for the project:

Strategies that will be addressed with funds: Select all that apply

- Primary Prevention
- Harm Reduction
- Treatment
- Recovery Support
- Education & Training
- Research & Evaluation

Target population and geographical area

Anticipated number of people served with awarded funds

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 after 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