

# RICHLAND COUNTY

Opioid Steering Committee Funding Request Form



## APPLICATION

**ORGANIZATION NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CONTACT PERSON (first and last name):** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**GRANT PROJECT TITLE:** \_\_\_\_\_

**GRANT AMOUNT REQUEST:** \_\_\_\_\_ **TOTAL COST OF PROJECT/INITIATIVE:** \_\_\_\_\_

**TYPE OF ORGANIZATION:**

Non-Profit     County Agency     County Department     School District

City/Village/Township     State/Federal Agency     Other: \_\_\_\_\_

**Project Start( date):** \_\_\_\_\_ **Time to Complete Project:**     1 year     2 years     3 years

**How does this project meet the grant requirements?**

Prevention Efforts     Treatment and Recovery Efforts     Address Provider Shortage

Connecting People To Resources And Expanding Resources

**Organizations Background Information, including any mission statement and purpose:**

**APPLICATION CERTIFICATION**

I certify that I am authorized by my organization to apply for and implement this grant. I confirm the information in the application is complete and accurate. I understand that the information provided may be subject to further verification by Richland County and I will provide the information required to verify this data as requested. If this grant is received, I agree to the guidelines outlined in the application packet.

**Signature of Applicant**

**Date:**

**I. Project Need:** Identify the problem or need to be addressed.

**II. Project Goals and/or desired Outcomes:** Please use SMART goals when listing your goals.

**III. Project Timeline:** Provide a detailed timeline including planning, development, and implementation. Grantees have up to three years to complete the project.

**IV. Is this a New or ongoing project? Explain:**

**V. Budget Narrative**-Identify other Principal Sources of Support: (Describe the financial plan for current and future support of the proposed project. What is the rationale for the amount requested? If other funding is necessary to complete the project budget, where will it come from How will you sustain the project in the future?)

**VI. Detailed Project Budget:** Use the budget template included with this application (or one of your own) to outline expenses and any additional revenue for your project. Please refer to the grant guidelines for ineligible expenses

<b>Please list any additional funding sources that may be involved in the completion of this project.</b>	
(Examples may be earned, donated, other grants, levy etc.	<b>Total</b>
<b>TOTAL PROJECT REVENUE</b>	<b>\$ 0.00</b>

**Richland County Opioid Steering Committee  
Funding Request- Project Budget**

Organization Name:

Total Grant Request:

<b>EXPENSES</b>				
<b>Budget Item Description</b>	<b>Budget Category (construction, supplies, equipment, marketing, other)</b>	<b>Quantity</b>	<b>Cost per Item</b>	<b>Total</b>
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
<b>TOTAL EXPENSES</b>				<b>\$ 0.00</b>