



Application for Iowa County Opioid Settlement Funds

Applicant's Agency: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Organization Information

Organization's Background Information, including description of mission and purpose: Click or tap here to enter text.

Type of Organization:

- ☐ 501(c)3
- ☐ County Agency
- ☐ County Department
- ☐ School District
- ☐ City/Village/Township
- ☐ State/Federal Agency
- ☐ Church
- ☐ Other: Click or tap here to enter text.

Date Established: Click or tap here to enter text.

Number of Employees: Click or tap here to enter text.

Number of Volunteers: Click or tap here to enter text.

Total Operating Expenses for the past fiscal year: Click or tap here to enter text.

Endowment or Reserve amount, if applicable: Click or tap here to enter text.

***Does Agency have an Equal Opportunity Policy? *(Is there a better way to ask this?)* ☐ Yes ☐ No

Has this request been authorized by the organization's governing body or board of directors? *(or director?)* ☐ Yes ☐ No

Project Information

Project or Request Title: Click or tap here to enter text.

Brief Summary of your Request: Click or tap here to enter text.

Amount Requested: Click or tap here to enter text.

Total Project Budget (if applicable): Click or tap here to enter text.

When are Funds Needed: Click or tap here to enter text.

Project Start Date: Click or tap here to enter text.

Project End Date: Click or tap here to enter text.

Who will directly benefit from this project? Click or tap here to enter text.

How does this project meet the Goals of the Iowa County Opioid Abatement Efforts? Check all that apply.

***Prevention Efforts**

☐ A

☐ B

☐ C

☐ D

☐ E

☐ F

☐ Other: Click or tap here to enter text.

***Treatment and Recovery Efforts**

☐ A

☐ B

☐ C

☐ D

☐ E

☐ F

☐ Other: Click or tap here to enter text.

***Address Provider Shortage**

☐ A

☐ B

☐ C

☐ D

☐ E

☐ F

☐ Other: Click or tap here to enter text.

***Connecting People to Resources and Expanding Resources**

☐ A

☐ B

☐ C

☐ D

☐ E

☐ F

☐ Other: Click or tap here to enter text.

Project Narrative

Identify the Problem or Need to be Addressed: Click or tap here to enter text.

Identify the Project Goals and/or Desired Outcomes: Click or tap here to enter text.

Is this a new or ongoing project? Explain. Click or tap here to enter text.

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 this project into the future?) Click or tap here to enter text.

☐ I confirm that this Project impacts citizens of Iowa County

For all 501(c)3 organizations, please attach Form 990.

*If applying for money to fund a scholarship for training, coursework, college credits, etc., fill out the FOLLOWING information: Click or tap here to enter text.