



Lawrence County

# Opioid Settlement Grant Application

## Application Details

**Application Due Date:** April 15, 2026 at 4:00PM

**Anticipated Funding Period:** 1 Year

## SECTION ONE: Organizational Information

Organization Name: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Type of Organization:  
 Non-profit and/or 501(c)(3)  
 For Profit  
 Governmental

Purpose of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Operating Budget: (must attach documentation)

Year Established: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_  
Number of Volunteers: \_\_\_\_\_

Is the Organization Licensed or Accredited by the State of Tennessee?  
 No  
 Yes (attach documentation)

Project Contact Name: \_\_\_\_\_  
Contact Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_



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**SECTION TWO:  
Funding Information**

Total Funding Request: \_\_\_\_\_

What percentage of the total project cost will the request funds cover? \_\_\_\_\_

What percentage of funds requested will be used to serve residents of Lawrence County? \_\_\_\_\_

**Funding currently being received from Lawrence County**

Amount: \_\_\_\_\_

Purpose: \_\_\_\_\_

**Budget Narrative:** Please provide a detailed justification for each line item in the budget, explaining how these expenses support the project's objectives and goals. We recommend filling out the Budget first and then filling out this section.

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**Sustainability:** Please provide information about how this project will be sustained after the funding period. Include details such as other grants or funding sources that the organization has or plans to obtain.

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## Budget for Opioid Settlement Funding

The [TN OAC's Remediation List](#) must be used to determine which strategies are addressed.  
The list is attached on the Lawrence County Tennessee Government website.

Organization Name: \_\_\_\_\_

Expense or Activity: \_\_\_\_\_

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Description: \_\_\_\_\_

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Strategy Addressed: \_\_\_\_\_

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Cost: \_\_\_\_\_

Quantity: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Project Total: \_\_\_\_\_



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## SECTION THREE: Project Information

### 1. Project Details

Project Title: \_\_\_\_\_

**Strategies that will be addressed with funds (Select all that apply):**

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

Targeted population and geographical area: \_\_\_\_\_

Anticipated number of people served with requested funds: \_\_\_\_\_

Project description: It is recommended to complete the Work Plan first, then fill this section. \_\_\_\_\_

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

External project partners or collaborators: Please attach letters of support if possible.

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

Is this a new or existing project?

- New
- Existing

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

- No
- Yes



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If yes, please list grants and amounts: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

## 2. Supporting Data

Is the project evidence-based or based on promising practices?

- Yes (evidence based)
- No (promising practices)

If yes, provide supporting evidence. Also, please provide data to support the need for the project in the community.

## 3. Project Revenue

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

- No
- Yes

If yes, please describe for what and the estimated amount: \_\_\_\_\_

\_\_\_\_\_

## 4. Subcontracts

Will your organization subcontract for services?

- No
- Yes

If yes, what organization will receive funds from you?

\_\_\_\_\_



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Organization Contact Name: \_\_\_\_\_

Email or Phone: \_\_\_\_\_

Subcontract amount: \_\_\_\_\_

Expected activities: \_\_\_\_\_

## 5. Data Collection & Use

What system or database will be used to gather and store information relevant to the project? \_\_\_\_\_

What method will be employed to track grant-funded activities and specific assistance? \_\_\_\_\_

Who is responsible for the collection and quality assurance of this data?  
\_\_\_\_\_

Describe how your organization plans to use the gathered data to continuously evaluate the project's progress and effectiveness. Please address how this data will inform future planning.

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

## Project Work Plan

The [TN OAC's Remediation List](#) must be used to determine which strategies are addressed.

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

Total Funds Requested: \_\_\_\_\_

Overall Goals(s) of Project: \_\_\_\_\_



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**Objectives:** What is the measurable objective you are seeking to achieve?

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**Activities:** What activities will be completed that help achieve the corresponding objective?

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**Remediation Strategy:** Please use the TN OAC's table (linked above)

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**Outcomes:** What measurable results are you seeking to achieve by completing the corresponding activities?

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**Measure of Success:** How will success of objectives & outcomes be assessed? What data points will be measured?

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**Timeframe:** When will this part of the project begin and end?

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**Accountability:** Who is responsible for each project?

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**Funds Requested:** What are the requested grant funds for this part of the project?

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