

2024 Floyd County JRAC Opioid Award APPLICATION FORM

Name of Organization: _____ Floyd County Community Corrections _____

Address of Organization: _____

Contact Person: _____

Phone Number: _____

Email: _____

Focus Area: (select all that apply)

Prevention Treatment of Addition or Mental Health After Care Supportive Care for Family

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- 1) What is the amount of your Award request?

 - 2) Do you have any partners now? If so, who are they?

 - 3) Are you willing to provide a report of how the funds are spent, including documentation?

 - 4) Will you publish that you were awarded funds on Facebook or your website and be willing to participate in any other form of media publication of your award?

 - 5) Are you in good standing with the Internal Revenue Service and any and all state, federal, and local authorities under which you operate? If not, explain further.

 - 6) What is the name of your project or program?

 - 7) Describe the project or program and include the specific issues which your program will address. Be sure to include how the project will address your stated focus area(s) and which portions of the Exhibit E, List of Opioid Remediation Uses (by letter, pg. number) your program intends to address.

 - 8) Describe the population that your project intends to target.

 - 9) List in detail the activities of your program and how it will address the focus area(s). If you have examples of work or other projects, please explain and provide documentation.

 - 10) What is the expected impact of your program? How do you intend to measure the impact?

- 11) Do you have a plan to sustain the programming or initiative once this requested money has been used, and, if so, please describe the plan.

- 12) Attach detailed budget for your requested amount of funding.

- 13) You may provide a brief statement as an attachment of why your organization should be awarded these funds, addressing any issues that you feel are important to the decision making process for award of these funds.

- 14) Are you registered with federal and/or state government? If so, please provide information and documentation showing your eligibility to practice as a business.

- 15) Do you receive funding or grants from any other local, county, state, federal or other type of organization or government? If so, please describe.

I hereby affirm under penalties for perjury, that I _____, have the authority for the foregoing organization to execute this application for award of funding from the Floyd County Opioid Funds and that the foregoing information is true to the best of my knowledge and belief.

Dated: _____

Signature
Printed Name: _____

Eligibility

- Applications shall be typed. You may submit additional pages if needed so long as you use the same numbers as on the application form.
- This is a limited, one time award from Floyd County JRAC Opioid Funds.
- Each program must follow the FSSA Exhibit E-List of Opioid Remediation Uses provided with this packet.
- Only completed applications will be reviewed.
- Completed applications and requested documentation must be emailed to fcjrac@floydcounty.in.gov on or by **August 6, 2024 by 4:00pm** to be considered for this award. Please submit as one single PDF document including the application and all attachments. You may also submit your application to the Floyd County Health Dept., Attn: Charlotte Bass on or by the same deadline.
- If your organization is awarded funds, a contract will be required that will be negotiated as a term of your award of funding. This contract will include that your organization must provide reporting and an accounting to FC-JRAC of the use of funds with performance measures. It will also require publication of your organization, the work, and how such funds were utilized to the public.
- Scoring. Your application will be scored per the attached rubric with recommendation made by FC-JRAC to the Commissioners who will render final approval of awards.

- The following documentation must be provided:
 1. This document and all attachments must be provided in one PDF along with this signed form.
 2. Any organizational documents for your organization, including but not limited to By-Laws, Mission/Vision Statements, Articles of Incorporation, 501c3 or other tax documentation if charitable organization, Secretary of State business formation documents.
 3. Please include documentation, which evidences the following information about your organization: (a) Are you for profit or non-profit? (b) Are you a corporation, LLC (partnership), or something else? (c) How long have they been in operation? (d) Who is the director? (e) Attach the primary contact's resume.
 4. A budget for your proposed award.
 5. Documentation to evidence that your organization is in financial good standing with all pertinent state, federal, and local taxing and governing authorities.
 6. Any and all documentation in support of the information provided in this application.
 7. References for you and/or your organization.
 8. Any applicable certifications or governmental authority pertaining to the work of your organization.
 9. Documentation of the Contact Person's authority to act on behalf of the organization.