

**Jasper County Opioid Settlement
Application for Funding**

All funds must be used in Jasper County and for residents of Jasper County, Iowa for prevention, abatement, or treatment of opioids.

- A. Name of Organization Requesting Grant:
- B. Federal Tax Identification Number of Organization:
(The organization will be required to fill out W9 information)
- C. Organization Address:
- D. Organization Contact Person & Title:
- E. Organization Contact Person's Phone & Email Address:
- F. Website of organization:
- G. How does your organization have ties to Jasper County?

Project Title:

Total Amount requested for project: \$ _____	Is this a one-time request or on-going funding need? (Check one) <input type="checkbox"/> One time request <input type="checkbox"/> On-going need
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Type of Request (check one): **Capital Base** or **Program Based**
 Capital Based: The building of or physical improvement of something
 Program Based: Operational, activity, general programmatic support

Project Focus Area (check one): Prevention Abatement Treatment

Description of Organization (list the year organized, mission, program services provided in Jasper County):

Brief Summary of Project (additional details requested on page 2):

Target Population to be served with this funding: (Must be in Jasper County and for Jasper County residents)

Estimated # of People to be served in Jasper County:

Timeline for the project and the completion of this project:

I agree that the funds provided by Jasper County to this organization from the Jasper County Opioid Settlement Fund will be used for an approved Opioid Remediation Use and any misuse of such funds may result in legal action. (See Exhibit #1 for approved Opioid Remediation Uses)
 Print Name of Organization's Director: _____

Signature of Director: _____ Date: _____

Describe Project: (Feel free to provide attachments).

Describe in detail how the funds will be used (for opioid prevention, abatement, or treatment)

How will this project impact Jasper County with opioid prevention, abatement, or treatment?

Jasper County Opioid Settlement Funds
Report- due _____ (quarterly and at the end of project)

All funds must be used in Jasper County and for residents of Jasper County for prevention, abatement, or treatment of opioids.

A. Name and Address of Organization:

B. Date of report:

C. Name, Title, and Email of Person Submitting Report:

D. Project Focus Area (check one): Prevention Abatement Treatment

E. Amount of funds received:

F. Amount of funds spent: (Please submit detailed receipts of expenditures)

G. Estimated # of people served by funds in Jasper County:

H. Tell us how the funds were used in Jasper County:

I: Tell us a positive impact story of the funds used in Jasper County:

J. Please describe any unexpected barriers to overcome with this project?

K. Have you completed the project?

L. Anything else you would like us to know?

Attachments

In order to be considered for funding, your application MUST include the following items:

1. A complete and signed Application for Funding
2. A copy of the Federal Tax Identification Number
3. A detailed budget of the project included estimates of expenses for staff time, capitol, or programs.
4. Please submit all required documentation to:
Jasper County Health Department
Attn: Opioid Settlement Committee/Funding
315 W 3rd St N, Suite 100
Newton, IA 50208

If you have questions or concerns, please contact Becky Pryor at bpryor@jasperia.org.

Note: All applicants will be required to interview with the Jasper County Opioid Fund Committee prior to disbursement of funds.

Procedure for Opioid Settlement Funds:

- 1.) Fill out and sign the application and return to address above. Additional sheets and attachments are acceptable.
- 2.) The Jasper County Opioid Fund Committee will meet and review your application.
- 3.) If you qualify and they want to consider your project, the Jasper County Opioid Fund Committee will request your presence at a meeting.
- 4.) A decision by the committee will be made within 2 weeks of the meeting date to determine eligibility, whether to fund or not to fund, or a request for additional information.
- 5.) If funding is issued, the organization will be required to complete a W9 with the Jasper County Auditor's office.
- 6.) Once the W9 and all required paperwork is complete, the Jasper County Auditor's office will process and issue payment in the form of a check in the agreed upon amount.
- 7.) A progress report will be due to back to this committee every 3 months from the receipt of funds until the project is complete.
- 8.) Funds must be spent within the designated timeline approved by the committee or a pay back to the County may be required. If additional time is needed for the project, the organization must submit a request in writing to the address above for approval.
- 9.) First deadline for fund consideration will be April 30, 2023.
If or when additional funding is still available, future deadlines will be determined.
- 10.) Exhibit 1 includes a list of all allowable projects.
- 11.) The application and Exhibit 1 links will be found on the website and a hard copy in the address listed above.
- 12.) Promotion of the funds will be on the Jasper County website, a press release to the media, social media account, and the Jasper County Cares Coalition meetings and Facebook account.
- 13.) Organizations will be allowed to apply for more than one project, more than one time, as long as funding is available.