OPIOID ABATEMENT COMMITTEE
Sumner County Administration Building
Conference Room 112
March 30, 2026
6:00pm

MEMBERS
Mary Genung, Chairman
Eric Craddock, Sheriff
John C. Isbell, County Mayor
Tim Jones, County Commissioner
Jeremy Mansfield, County Commissioner
Jamie Teachenor, County Commissioner
David Klein, County Commissioner
Will Taylor, Recovery, Committee Rep.
Matthew Campbell, County Resident

I. CALL TO ORDER
   A. Invocation
   B. Pledge of Allegiance
   C. Approval of Agenda
   D. Recognition of Public
   E. Approval of Minutes

II. REPORT OF THE COMMITTEE CHAIRMAN

III. REPORT OF THE GRANT ACCOUNTANT

IV. OLD BUSINESS
   A. Recovery Court Renovation
   B. Status of Grant Applications
      1. HighPoint Health Partnership
      2. Sheriff's Office
      3. Sumner County Health Department
   C. Status of Restricted Funds (Pages 2-8)
   D. Executive Session: ODMaps

V. NEW BUSINESS
   A. County Application Pages (9-45)
      1. Breakdown of Funding
      2. Information Being Requested
      3. Timeline for Submission and Award
      4. Scoring
      5. Policy
   B. Conflict of Interest

VI. ADJOURNMENT

TN Tennessee State Government | Opioid Abatement Council

FY26 LETTER OF AGREEMENT: OPIOID ABATEMENT FUND DISBURSEMENT AGREEMENT FOR COUNTY ENTITIES

Date: ***January 30, 2026***

To: The Honorable ***John Isbell***
Sumner County
355 N. Belvedere Dr., Room 302
Gallatin, TN 37066

From: Dr. Stephen Loyd, Chair of the Tennessee Opioid Abatement Council
Mary Shelton, Executive Director of the Tennessee Opioid Abatement Council

On May 24, 2021, the Tennessee General Assembly passed Public Chapter No. 491 establishing the Opioid Abatement Fund ("Fund") and the Opioid Abatement Council ("Council").

The Fund is the designated repository of funds that are either dedicated to opioid abatement or remediation or are otherwise directed to abatement or remediation and that are received by the State pursuant to a judgment on opioid-related claims, a recovery in bankruptcy on opioid-related claims, or a settlement of opioid-related claims. *See* Tenn. Code Ann. § 9-4-1304.

The Council is responsible for disbursing funds from the Fund. Pursuant to Tenn. Code Ann. § 33-11-103(p), for proceeds from the statewide opioid settlement agreements with McKesson Corporation, Cardinal Health, Inc., AmerisourceBergen Corporation, Johnson & Johnson, Allergan Finance, LLC, CVS Health Corporation, Teva Pharmaceutical Industries Ltd., Walgreen Co., Walmart Inc., K-VA-T Food Stores, Inc., or The Kroger Co., among other entities or their affiliates, subsidiaries, or other affiliated entities that are deposited in the Fund, the Council shall disburse thirty-five percent (35%) of these proceeds to counties that join the settlement.

Funds allocated to counties *must be spent on opioid abatement and remediation purposes* that are specifically approved by the Council or included on a list of approved programs created by the Council. *See* Tenn. Code Ann. § 33-11-103(r), (s). Please see Attachment A for a list of these approved abatement and remediation activities.

In accordance with the above, the Council is disbursing **$454,643.61** (the "Disbursement") to ***Sumner County.***
If your county chooses to accept the Disbursement, sign this Letter of Agreement ("Agreement") (include your taxpayer identification number and requested contact information) in the space provided below. Your signature serves as your county's acceptance of the following terms and conditions:

a) Your county agrees to utilize the Disbursement only for approved opioid abatement and remediation activities outlined in Attachment A or otherwise approved by the Council. By signing below, you, as the representative for your county, certify that your county will only use the Disbursement for the approved opioid abatement and remediation activities listed in Attachment A or otherwise approved by the Council.

b) Your county agrees to report on an annual basis to the Council requested information. This requested information may include, but not be limited to, the following:

(1) the abatement and remediation strategies on Attachment A or otherwise approved by the Council that were funded by the Disbursement,

(2) the estimated number of people served by the Disbursement,

(3) the specific dates on which the Disbursement or portions thereof were spent, and

(4) the specific amounts of the Disbursement spent on each abatement and remediation activity identified on Attachment A or otherwise approved by the Council.

The report will be sent to your county via link by the Council once a year. More information will be given to your county at a later date.

c) If your county fails to fulfill the obligations under this Agreement, the State shall have the right to seek restitution, pursuant to the laws of the State of Tennessee, against your county for all or any portion of the Disbursement made to your county under this Agreement.

d) Your county's records and documents, insofar as they relate to the performance of your county's obligations or to payments received under this Agreement, shall be maintained in a manner consistent with the accounting procedures of the Comptroller of the Treasury, pursuant to Tenn. Code Ann. § 4-3-304 and applicable rules and regulations thereunder.

e) The Disbursement shall be placed in an interest-bearing account until such time as it is used for the purposes set out in this Agreement. The Disbursement shall be distributed to the county to be used during an initial time period of four years. The county shall obligate the entire amount of the Disbursement for specific purposes as consistent with this Agreement within the initial two years of the four-year time period. At any time during the four-year time period, the county may spend the Disbursement. At the expiration of the four-year time period, or at the expiration of any extension granted by the Council, whichever is later, any unspent portion of the Disbursement plus any accrued interest shall revert back to the Fund. Following a reversion to the Fund the county shall be solely responsible for any obligations made.

We encourage you to return these materials as soon as possible. The State is prepared to process this Agreement and issue payment in a timely fashion, upon receipt of these materials.

Please be advised that this Agreement is subject to the appropriation or availability of funds in the Fund. If funds are not appropriated or are otherwise unavailable, the Council reserves the right to modify or terminate this Agreement, upon written notice. The Council's right to terminate or modify this Agreement due to unavailability or non-appropriation of funds shall not constitute a breach of this Agreement by the Council. Upon modification or termination of this Agreement, the county shall have no right to recover from the Council any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

If you should have any questions or comments or need any assistance regarding this Agreement, please contact Ella Reding, Project Director of the Council at 615-571-5116 or oac.tncounty@tn.gov.

Please retain a copy of this Agreement for your records.

On behalf of ***Sumner County,*** I hereby agree to the aforementioned terms and conditions. By signing, I certify that ***Sumner County*** will only use the Disbursement for the approved opioid abatement and remediation activities listed in Attachment A or otherwise approved by the Council.

Official's Signature	Date: 1/21/2026
Official's Name (please print): John C. Isbell	Official's Title or Position: County Mayor
Official's Contact Information (phone/email): 615.452.3604	Federal Taxpayer Identification Number

Overview of Restricted Funds		
Total Revenue	$	2,502,781.58
Total Budgeted +Round 1 Actuals	$	2,502,781.58
Amount Remaining	$	-

Revenue: Restricted Funds	Amount	Date Received	Date To Be Comitted By	Date To Be Spent By	Status
Check 1	$ 901,622.77	3.1.23	3.1.25	3.1.27	On Track
Check 2	$ 891,525.52	4.29.24	4.29.26	4.29.28	On Track
Check 3	$ 709,633.29	4.8.25	4.8.27	4.8.29	On Track
	$ 2,502,781.58				

Note:

Interest is to be spent by the end of the program.

Expenses

Round 1: Grant Offering	Entity	Actuals
Contract Expired: June 30, 2025	CASA	$ 2,450.00
Contract Expired: June 30, 2025	Cumberland Heights Foundation	$ 25,187.25
Contract Expired: June 30, 2025	Recovery Court Inc.	$ 40,000.00
Contract Expired: June 30, 2025	Recovery Court Inc.	$ 79,338.51
Contract Expired: June 30, 2025	Recovery Fest	$ 40.00
Contract Expired: June 30, 2025	Sumner Prevention Coalition, Inc.	$ 40,000.00
Contract Expired: June 30, 2025	Sumner Prevention Coalition, Inc.	$ 101,073.84
Contract Expired: June 30, 2025	Salvas Center (United Neighborhood)	$ 7,563.09
	Actual Totals For Round 1	$ 295,652.69

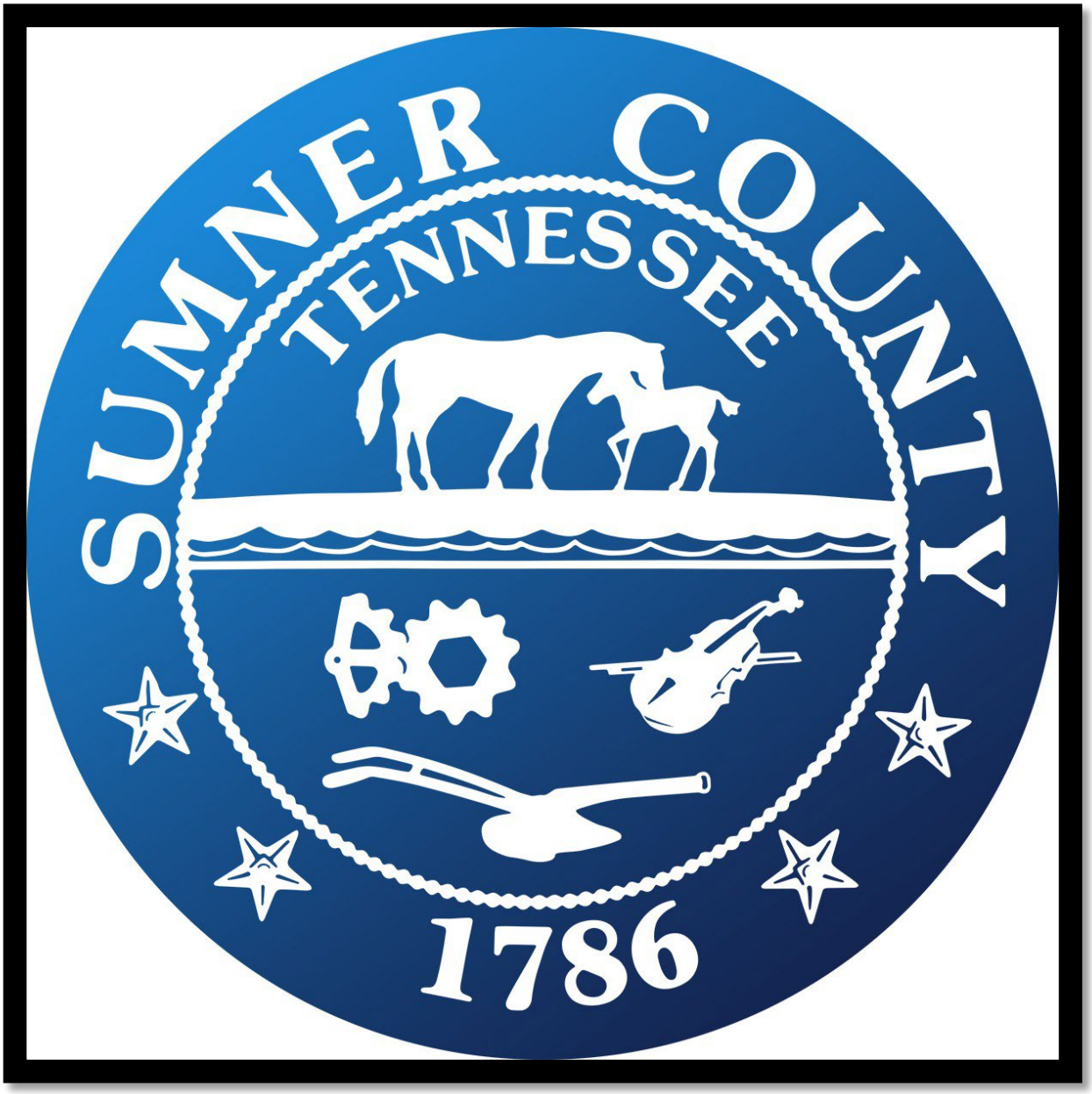
Round 2: Grant Offering	Entity	Budget	Actuals	Remaining
Contract Expires: June 30, 2026	Sumner Prevention Coalition	$ 73,839.00	$ 13,879.65	$ 59,959.35
Contract Expires: June 30, 2026	Risk Management	$ 49,423.00	$ 34,348.40	$ 15,074.60
Contract Expires: June 30, 2026	Safe Baby Court	$ 50,000.00	$ 3,389.00	$ 46,611.00
Contract Expires: June 30, 2026	Recovery Court Inc.	$ 132,000.00	$ -	$ 132,000.00
Contract Expires: June 30, 2026	Health Department	$ 4,000.00	$ 3,997.03	$ 2.97
Contract Expires: June 30, 2026	Cumberland Heights Foundation	$ 50,000.00	$ -	$ 50,000.00
	Round 2 Totals	$ 359,262.00	$ 54,425.08	$ 304,836.92

Multi Year Contract				
Partnership Direct Appropriation	**Entity**	**Budget**	**Actuals**	**Remaining**
Contract Expires: December 31, 2028	HighPoint Health (Has Amendmen)	$ 597,708.10	$ 231,092.00	$ 366,616.10
Contract Expires: December 31, 2026	Volunteer Behaviral Health	$ 61,000.00	$ 35,125.00	$ 25,875.00
Contract Expires: December 31, 2026	Sumner Prevention Coalition	$ 39,000.00	$ 24,375.00	$ 14,625.00
Contract Expires: December 31, 2026	EMS	$ 3,200.00	$ 2,043.85	$ 1,156.15
Contract Expires: December 31, 2026	Risk Management	$ 14,695.27	$ 14,395.00	$ 300.27
	Total	$ 715,603.37	$ 307,030.85	$ 408,572.52

Multi Year Contract Sheriff Partnership Direct Appropriation	Entity	Budget	Actuals	Remaining
Contract Expires: June 30, 2027	Sheriff's Office	$ 417,000.00	$ 258,879.67	$ 158,120.33
Contract Expires: June 30, 2027	Volunteer Behaviorial Health	$ 115,263.52	$ 12,176.07	$ 103,087.45
	Total	$ 532,263.52	$ 271,055.74	$ 261,207.78

Multi Year Contracts: Direct Appropriation	Entity	Budget	Actuals	Remaining
Contract Expires: June 30, 2027	Recovery Court	$ 500,000.00	$ -	$ 500,000.00
Contract Expires: June 30, 2027	Prevention Coalition	$ 100,000.00	$ 100,000.00	$ -
	Total	$ 600,000.00	$ 100,000.00	$ 500,000.00

	Totals	**$ 2,502,781.58**	**$ 732,511.67**	**$ 1,474,617.22**



Opioid Settlement

Fiscal Year 2026- 2027 Funding Request

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General Information

For the 2026-2027 Fiscal Year, the Opioid Abatement Committee (OAC) of Sumner County is accepting proposals to fund projects that are focused on the abatement and remediation of opioid use and misuse exclusively for the benefit of those residing in Sumner County. Should you have any questions regarding the proposals, contact SCOC@sumnercountytn.gov.

Funding Availability and Grant Awards

- **The OAC is authorized to recommend an allocation in aggregate of $452,643.61**
  - **20% of the aggregate is $90,528.72**
  - **40% of the aggregate is $181,057.44**
- **Recipients will have the option for one or two grant contracts pending their request.**
  - **If the recipient is requesting funding for one year, they will receive a contract for FY26-27.**
  - **If the recipient is requesting funding for two years, they will be receiving a contract for FY26/FY28.**
    - **The Department of Finance will issue a Purchase Order to encumber the funds.**
- **If the grant application is requesting 40% or more of the aggregate of funds, a presentation of 10 minutes followed by a Question-and-Answer period may be requested.**

Main Criteria:

This funding is to be used for Sumner County residents for the awareness, education, and/or recovery of opioid abuse. If your organization does not fit into one of these three category types, you are not eligible to receive funds.

Change of property, to include buildings and structures, must be located in Sumner County. and a request for proposal and/or a strategic plan outlining costs must be submitted with the grant application. Should a request for funding include a county owned/leased building or property for detoxification, the application will be denied due to liability reasons.

All applications received must clearly answer these two questions in the application:

- Disclaimer Question in Section 1: About Your Organization: “Disclaimer: Before filling out the application, will 100% of the funds provided be used directly for a resident(s) of Sumner County?

- Question 2.16: “How many Sumner County residents do you anticipate this program will serve?”

The OAC will request proposals for a funding opportunity annually, pending continued annual payout funding from national opioid lawsuit settlements. There is not a cost match for this funding opportunity. Should a grant applicant not follow instructions, request more funding that what the County Commission has authorized, not filled out the application completely, or not provided documentation that clearly supports their financial statements/partnerships, the Grant Accountant will recommend to the OAC to not accept the application for consideration. The OAC has the right to not accept any application for consideration for final scoring.

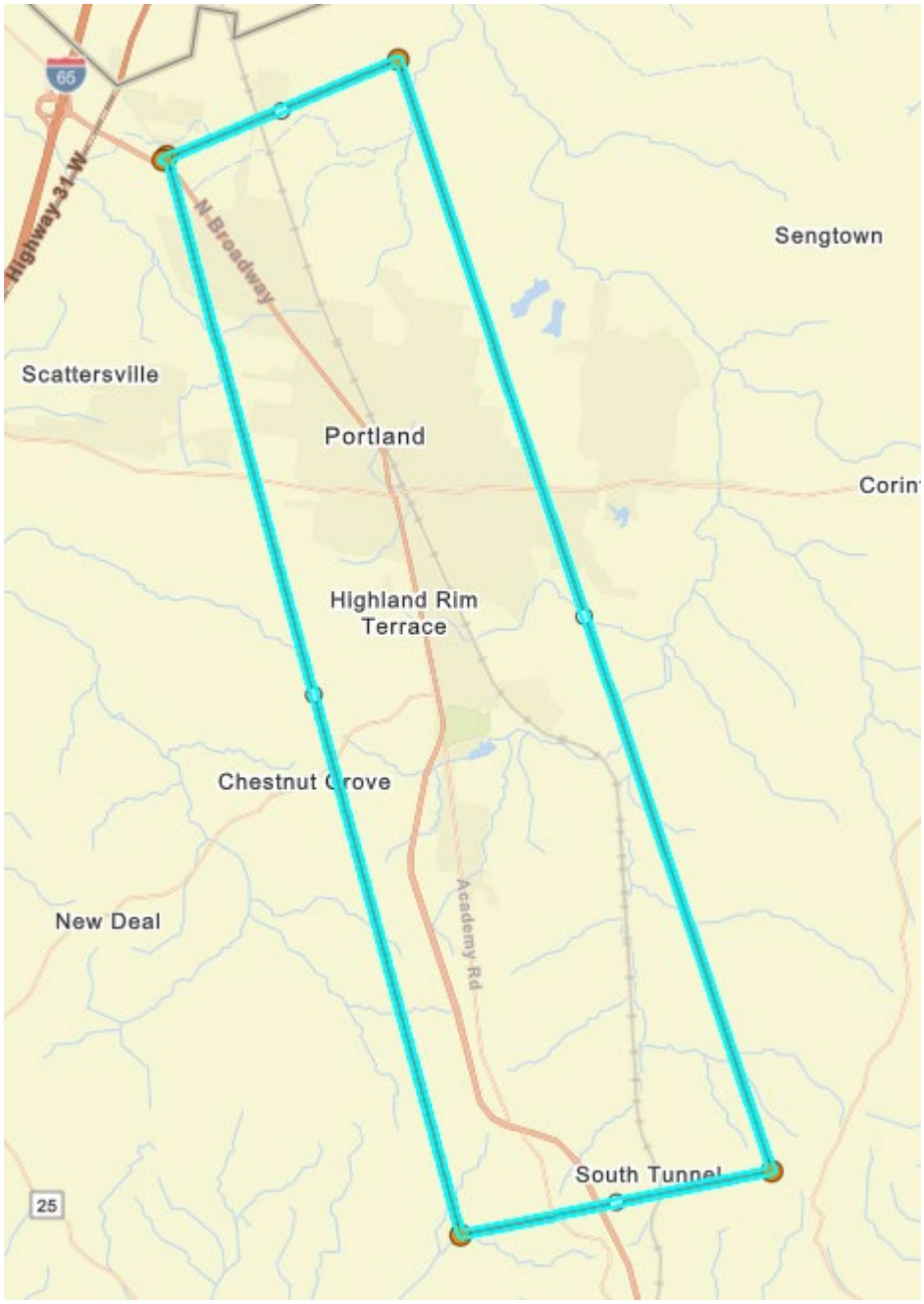
Selection of Target Areas

"The SCOC reserves the right to prioritize funding for projects that advance the following initiatives: prevention, education, abatement strategies, and naloxone distribution, with a focus solely on efforts serving the City of Hendersonville, the City of Gallatin, and the State Route 109 corridor" as noted in the images below.

Image of Approximate Area for the City of Hendersonville:

Image of Approximate Area for the City of Gallatin:

Image of Approximate Area of State Route 109



Timeline of Submission and Awards for 2026-2027 Fiscal Year

April 16, 2026 – May 16, 2026	Proposals to be submitted to the Department of Finance.
May 18, 2026 – June 5, 2026	Proposals to be initially reviewed, propose questions to Grants Analyst, and scored.
June 8, 2026 – June 12, 2026	Grant Accountant to submit questions for clarification to the grant applicants.
June 15, 2026 – June 19, 2026	Applicants submit responses to Grants Analyst.
June 19, 2026	Grant Accountant to submit correspondence to OAC.
June 22, 2026 - June 27, 2026	OAC to finalize their scores and submit information to Grant Accountant.
June 30, 2026	A Special Called meeting of the OAC will be held to discuss the scores and make recommendations to Budget Committee.

Dates after the submission period are subject to change and notification will be posted on Sumner County website page for Opioids.

Legality of the Opioid Abatement Grant Process and Program

State Law Regarding Appropriations Given To 501(c) 3

According to Tennessee State Law, T.C.A. 5-9-109, Sumner County may appropriate funds for the financial aid of any nonprofit charitable organization, any chamber of commerce exempts from IRS Code 501(c)(6), or any nonprofit civic organization, all subject to certain guidelines and subject to County Commission approval.

A non-profit charitable organization is defined as one in which no part of the net earnings benefit from any private shareholder or individual and which provides service benefitting the general welfare of the residents of the county.

Organizations described in section 501(c)(3) are commonly referred to as charitable organizations. Organizations described in section 501(c)(3), other than testing for public safety organizations, are eligible to receive tax-deductible contributions in accordance with Code section 170. The organization must not be organized or operated for the benefit of private interests, and no part of a section 501(c)(3) organization's net earnings may inure to the benefit of any private shareholder or individual.

Importantly, this statute imposes some requirements for such appropriations, which include the organization filing a report “of its business affairs and transactions”. The report must contain an

annual audit, description of the program that serves the residents of the county, and the proposed use of the county assistance.

Letter of Agreement with the Opioid Abatement Council

These funds allocated to counties *must be spent on opioid abatement and remediation purposes* that are specifically approved by the Opioid Abatement Council and included on a list of approved programs created by the Opioid Abatement Council. *See* Tenn. Code Ann. § 33-11-103(r), (s). The list of Core Strategies allows County Departments. Emergency Personnel (EMS, Healthcare Providers, First Responders), School Based and Youth-Focused programs to receive funding for abatement and remediation purposes. These entities are allowed to apply for funding.

TO REPORT FRAUD, WASTE, AND ABUSE:

All County employees and contractor employees have a responsibility to report waste, fraud, and abuse within the agency. The public is invited to share such concerns. If you suspect fraud, waste or abuse please call 1-800-232-5454.

Suspected Fraud:
Any suspected fraud in connection with the Sumner County Opioid Treatment Application Program should be reported to the County for immediate review. The County reserves the right to decline funding or participation if it is determined that fraud has occurred.

Report Fraud To:

Comptroller of the Treasury:

- https://comptroller.tn.gov/office-functions/investigations/fraud- waste-and-abuse

U.S. Department of Treasury:

- https://home.treasury.gov/services/report- fraud-waste-and-abuse Office of Inspector General
- https://oig.treasury.gov/fraud-ale

INSTRUCTIONS

The instructions detailed below are for any nonprofit, county department/office, or agency that is requesting funding assistance to address the opioid epidemic in Sumner County.

- All portions of the application must be completed, including attachments, for this application to be considered.
- When submitting the application, Section 5. Signatory Page requires a signature stating the information is correct and agrees to allow Sumner County to review the financial records.
- Each application must be submitted in the following manner:

Section 1	About You
Section 1.1	Supporting Documentation for statements in About You
Section 2	The Proposal
Section 2.2	Supporting Documentation
Section 3	Finances
Section 3.3	Supporting Documentation
Section 4	Capital and Bed

Section 4.4 Supporting Documentation (If Applicable)
Section 5 Signatory Page

HOW TO SUBMIT

Option One:
The application package can be hand delivered to the Department of Finance. Upon delivery, the applicant will obtain a receipt showing date, time, and who received the application.

Sumner County Finance Department
ATTN: Grant Accountant
335 North Belvedere Drive
Room 302
Gallatin, Tennessee 37066

Option Two:
The application can be emailed to SCOC@sumnercountytn.gov. Each document must clearly be labeled in the following format with the numbers included.

1. About Your Organization
1.1 Supporting Documentation
2. Your Organization's Proposal
2.2 Supporting Documentation
3. Finances
3.3 Supporting Documentation
4. Capital and Detoxification
4.4 Supporting Documentation (If Applicable)
5. Signatory Page

Failure to label correctly will result in the application not being accepted. Please note, the numbering is "key" as this is how the information will be printed off for the OAC to review your application. Should you send the application via email and do not receive a receipt within 24 hrs. (excluding weekends), contact the Grant Accountant at (615) 451-6033. In the event it is not received, the applicant will need to print off the email showing where the application was submitted on time to receive the ability to submit the application for review again.

FOLLOW-UP AFTER SUBMISSION

The two weeks after the initial review, the OAC may need to seek clarification on the grant proposal. The OAC will send a list of questions to the Grant Accountant, who in turn will contact each applicant and request them to fill out a clarification form. This form will need to be returned to Finance by the date indicated on the form. The responses will then be shared with members of the OAC.

Section 1: About Your Organization/Department

Disclaimer: Before filling out the application, will 100% of the funds provided be used directly for a resident(s) of Sumner County? Review page 2, Instructions, Main Criteria Before answering.

Yes No

1.0 Legal Name of Organization

(Should be same as on IRS determination letter and as supplied on IRS Form 990)

1.1 Type of Organization

Government Departments Schools/Educational Institutions
Not For Profit (501c3)

1.2 Federal ID# and Year the organization was established.

1.3 Purpose of Organization (500 Characters)

ggggggg

1.8 How many people in Sumner County are served by your organization.

_____ Sumner County (unincorporated area)
_____ Gallatin
_____ Goodlettsville (SC)
_____ Hendersonville
_____ Millersville (SC)
_____ Mitchellville
_____ Portland (SC)
_____ White House (SC)
_____ Total amount of Sumner County Residents being served by your organization.

- (SC) = Only include residents of Sumner County, as these municipalities are in multiple counties.

1.9 What programs do the Sumner County Residents currently receive from your organization. (500 characters)

gggggg

Salary Schedule

Employee Name	Position	Salary (Annualized)	Fringe Benefits Offered

Directions:

- Include any staff working directly/indirectly with the grant.
- Include any positions that will be created by this grant.
- For fringe offered is the dollar amount that attributed to fringe being Health Insurance, Life Insurance, Dental Insurance, Vision Insurance,
- If you have a report that shows this information, you can submit the report in lieu of filling out this page.

Sumner County Fund
Monitoring Form
Compliance Survey

Sumner County intends to fully comply with the Title VI of the Civil Rights Act of 1964. The county does not discriminate based on race, color, national origin, sex or disability, nor do we exclude from participation or deny benefits under any program or activity receiving federal financial assistance. For compliance, the county requests disclosure of the following information related to the owner(s) of the company.

Organization Name:

Organization Information - (Number in each category)	
African American	Disabled
American Indian/Alaskan	Female
Asian	Male
Caucasian	
Hispanic	
Native Hawaiian/Pacific Islander	
Other or Multi-Racial (please specify)	

Current Recipient Information - (Number in each category)	
African American	Disabled
American Indian/Alaskan	Female
Asian	Male
Caucasian	
Hispanic	
Native Hawaiian/Pacific Islander	
Other or Multi-Racial (please specify)	

Signature Confirming Information Date

Section 2: The Proposal

2.1 What is the "Title" of the proposal?

2.2 Is Your Request for One Year of Funding or Two Years of Funding?

2.3 If Request if for One Year of Funding, what is the amount?

If Request is for Two Years of Funding, what are the amounts?

- Year One Funding Amount
- Year Two Funding Amount

2.4 Is this amount 20% or more of the aggregate being offered? Yes No

- If you answer yes to the 20%, 2 years of financial history must be included as part of the application. (See Section 3: Financial Information: For All Applicants.

2.5 Is this amount 40% or more of the aggregate being offered? Yes No

- If you answered yes to the 40% question, a 10-minute presentation followed by a Question/Answer period may be requested by the Committee before full consideration is given to the application.

2.6 How much is your agency going to contribute to this program? If department is not matching funds, please explain why? (500 Characters)

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2.8 If your organization is proposing an FTE, what are the job duties for the person? How will this position continue once funding ceases and/or if there is a lapse in funding? (1,000 character maximum)

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2.12 What data do you have that demonstrates the need for this project/program in Sumner County? (500 characters)

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2.17 If you received funding last year, is the project the same? If not, explain why the project is not the same as the previous one as this could impact the variance calculation for the performance metrics. (500 Characters)

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Supporting Documentation:

Attachment(s) To Include in This Section When Printing Off the Document Include:

- Work Plan
- Budget For Proposal
- Letters of Support from Project Partners or Collaborators, if applicable
- Data Supporting the Need of The Project/Program
- Additional Documentation To Support This Section: _____
- Additional Documentation To Support This Section: _____

Implementation Work Plan

Organization:

Project Budget:

Requested Grant Amount:

Directions: Using the tables below, please outline the activities that will be most important in achieving your proposed objectives. Your completed Work Plan will show us: (1) what you are doing and when, (2) who is responsible for implementing the project, (3) costs associated with each proposed objective, and (4) the results you expect from each of your activities. You may add or delete rows as necessary.

Beginning Phase
Time Frame and Responsible Person
How much of the Opioid Settlement Funds will be used?
What Will Be Done (500 Characters)
ggggggg

Middle Phase
Time Frame and Responsible Person
How much of the Opioid Settlement Funds will be used?
What Will Be Done (1,000 Characters)
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Section 3: Organization's Financial Information

3.1 What is your organizations current operating budget and actuals for the current fiscal year?

Budget:

Actuals:

3.2 When does your fiscal year end?

3.3 Does your board of directors approve the annual budget and review regular financial report? If no, explain. (500 Characters)

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Supporting Documentation:
The following shall be included in this section with the grant application.

For All Applicants:
If the applicant is requesting 20% or more of the aggregate amount of funds being dispersed by the Committee, 2 years of financial history must be included as part of the application.

Documentation From Non-Profit Applicants Demonstrating Proof of Status

If you are a Non-Profit Civic Organization, A copy of the Internal Revenue Service (IRS) letter recognizing the organization as a nonprofit organization or a copy of the state solicitation letter for the organization and the most recent IRS Form 990, 990-EZ, or 990-N, as applicable, filed with the IRS.

Any nonprofit organization that receives financial assistance from the county must file an annual report of its business affairs and transactions with the Sumner County Clerk's Office and the Sumner County Finance Department. This report must include a copy of an annual audit (if available), a description of the program that serves the residents of the county, and the proposed use of the county assistance. If an annual audit is not available, provide an annual report on the form prescribed by the Tennessee Comptroller of the Treasury. Failure to provide the required documentation will forfeit the nonprofit organization's appropriation and the opportunity to apply for a charitable contribution in the subsequent funding year.

FINANCIAL INFORMATION REQUESTED FROM CALENDAR YEAR APPLICANTS:
The following must be provided:

1) Budget To Actuals
   - Budgeted revenues and expenditures for prior calendar year
   - Actuals revenues and expenditures for the prior calendar year
   - Budgeted revenues and expenditures for the current year
2) When listing sources of funds, give detailed breakdown. Categorize funding from city, county, grants, program fees, private donations, etc., separately.
3) When listing uses of funds, give detailed breakdown. Be sure item descriptions provide adequate information to demonstrate your intended use.
4) If your agency pays salaries, you must attach a salary schedule detailing job title, name, and dollar amount. This information is to be presented for the periods as listed above.
5) Beginning cash balances should be disclosed for both years identified in Item 1 above.

FINANCIAL INFORMATION REQUESTED FROM FISCAL YEAR APPLICANTS:
The following must be provided:

1) Budget To Actuals
   - Budgeted revenues and expenses for current fiscal year
   - Actual revenues and expenses for the current fiscal year
     - Note: Estimate, if possible, for incomplete months
   - Budgeted revenues and expenses for the upcoming fiscal year.
2) When listing sources of funds, give detailed breakdown. Categorize funding from city, county, grants, program fees, private donations, etc., separately.

3) When listing uses of funds, give detailed breakdown. Be sure item descriptions provide adequate information to demonstrate your intended use.
4) If your agency pays salaries, you must attach a salary schedule detailing job title, name, and dollar amount. This information is to be presented for the periods as listed above.
5) Beginning cash balances should be disclosed for both years identified in Item 1 above.

FINANCIAL INFORMATION FROM COUNTY GOVERNMENT DEPARTMENTS AND PUBLIC SCHOOLS IN SUMNER COUNTY,

The following must be provided:

1) Budgeted revenues and expenses of your operating budget for current fiscal year
    a. OAC recognizes that not all entities generate revenue.
2) Previous fiscal year budget to actuals
3) Statement on how Opioids has impacted your department's budget.
4) Statement regarding if any subsidies or supplemental funding was given over the past three years.
5) A copy of the last Annual Financial Report focusing on your department's budget. At the time of the instructions, all of the reports could be found at: https://sumnercountytn.gov/departments/finance/central-accounting/
6) Any additional explanations for which you do not have sufficient space on the Application form.

ADDITIONAL SUPPORTING DOCUMENTATION

1) Applicants may submit additional information to support any statements made in this section, as long as it is relevant to the organization's financials.

Section 4: Capital Purchase and/or Bed Space Rental

Question Before Beginning This Section
Is your grant application focusing on a Capital Purchase or Securing Bed Space? Select One

Yes (Continue with Section 4: Capital Purchase and/or Securing Bed Space For Detoxification)

No (Go To Section 5: Signatory Page)

4.0 Definitions:

- **Capital** is defined as spending funds to acquire or maintain land and/or building.
- **Bed Space Rental** is defined as having designated bed space for a Sumner County resident at the facility.

4.1 Complete This Section For Capital Purchase

4.1.1 As you are focusing on Capital Purchase, what are you intending on accomplishing.
Purchasing Property in Sumner County
Purchasing Property With Intent To Build in Sumner County
Purchasing Property With A Structure in Sumner County
Purchasing Property With A Structure and the Intent To Build in Sumner County
Other in Sumner County: _____

4.1.2 Has your organization completed any of the following: (Mark All That Apply)

Title/Deed Search
Environmental Review of Property
Purchased Land
Received In Kind Donations For Project
Received Gift of Property or Assets for this building
Plats
Request for Information
Request for Proposal.
If building will have detoxification facility, license, and insurance to be provided.
Any additional documentation showing initial steps and or anticipated budget/expenditures for this project.
Other: _____

4.1.3 Will you be following "The Federal and State statutes' requirements to include licensing and registration for a rehabilitation facility, as applicable (Example: Stopping Addiction and Fostering Excellence (SAFE Act)."
Yes
No If No, explain (500 Characters)

ggggggg

4.1.4 If you are purchasing land, building, or renovating a structure, a deed restriction will need to be in place to ensure the structure will continue its intended purpose after being sold. Are you willing to do this? If no, explain. (500 characters)
Yes
No

gggggg

4.2.2 How will Sumner County residents know your facility is offering the space, and how will you verify they are Sumner County residents? (1,000 characters)

gggggg

4.2.6 Explain what will occur if funds are depleted and a Sumner County Resident is currently occupied in a bed. (1,000 characters)

gggggg

Supporting Documentation:

Attachments To Include for Capital

- Documentation must include Multiyear budget showing the entire cost for the project.
- Additional supporting documentation for Capital could include:
    - Deed of Property in Sumner County
    - Environmental Review of Property
    - Recorded Plats
    - Request for Information
        - A formal document that a customer sends to potential suppliers to gather information about their products.
    - Request for Proposal
        - A business document that announces a project, describes it, and solicits bids from qualified contractors to complete it
    - If building will have detoxification facility, license, and insurance to be provided.
    - Insurance
    - If you are relying on funds from another County or Entity, letters of agreement and/or additional supporting information must be provided.
    - Other: _____
    - Other: _____

Attachments To Include for Bed Space:

- Certification
- Insurance
- Other: _____
- Other: _____

Section 5. Signatory Page

I hereby certify that to the best of my knowledge and belief that the information submitted with this request is accurate and that the attached budget was approved by our governing board on

The Board also agreed to allow Sumner County officials to review the organizations financial records and other records as requested of this agency should they so desire. If awarded funding, your agency must be prepared to provide and present quarterly reports from date of funding to include measurements of success to the Committee. Once the metrics have been received; grantee will receive reimbursement for costs that were expended for that quarter.

Should the metrics demonstrate the grantee as not meeting the goals as set forth in the application, the grantee shall submit a corrective action plan within the first two weeks into the next quarter for approval. Should a grantee not submit performance metrics and/or corrective action plan within the first two weeks into the next quarter for approval, the grantee will be ineligible to submit a grant application for the next two budget cycles.

The Opioid Abatement Committee will allow the following variances for performance metrics for the continuation of the program.

- 1st Program Application 45%
- 2nd Program Application 35%
- 3rd Program Application 25%
- 4th Program Application 15%
- 5th Program Application 05%

I understand that any amount returned will be used to purchases supplies for EMS, Sheriff, Health Department, and other County departments to prevent deaths and/or addiction to Opioid as noted in the State approved list.

Signature	Title
Printed Name:	Date

Sumner County Finance Department Use Only		
Date Received: _____	Time Received: _____	Received By: _____

Policy for Scoring and Funding Availability of Grant Applications

Section 1: Purpose

It is the policy of the Sumner County Opioid Abatement Committee to ensure:

- Fairness, precision, equity, consistency, and compliance in competitive grant awards.

The grant review processes shall be conducted using review criteria that are identified in the notice of grant opportunity or request for proposal and a standardized scoring system to rate each application against the chosen criteria. Competitive grant review criteria and standardized scoring systems will be recommended by the Opioid Abatement Committee, recommended to the Budget Committee, and finalized by the Commission.

Section 2: Notifications

Notifications regarding the Opioid Grants will occur in the following areas:

- Sumner County Facebook Page
- Sumner County Website
- Print Publication: Main Street Media

Section 3: Scoring

- The scoring sheet will be updated yearly.
- The scores will range from 0 being No response to 5 being an exemplary response.
- Each member of the Sumner County Opioid Abatement Committee will be an official reviewer of the grant applications.
    - The County Commissioners on the committee are the only ones to vote on the applications.
- When the grant application cycle begins, the grant submission period will last for a minimum of two weeks but not longer than 4 weeks.
- The reviewers will score the applications in “whole” numbers only and will not discuss the applications amongst each other until a publicly noticed meeting after the scoring period as finished.
- The applications will be scored independently with the Grants Accountant compiling the scores and comments for each project from each committee member.
- Once scores have been established, the Grant Accountant will request the Chair to call a meeting to discuss the scores and what the maximum number of projects that can be fully funded and partially funded with the current restricted funds for that fiscal year.

Section 4: Funding Availability and Projects

- The Grant Accountant will compile all the comments and request the Opioid Abatement Committee to either accept or decline the grant application consideration for being funded.
- Once the applications have been determined as being appropriate for consideration of funding, the full funding of projects is determined, the Grant Accountant will present the next projects that were in the ranking and that would accept partial funding.
    - The information provided will show the following:
        - The ranking of the application which includes the scores and funding being requested.
        - Which section the project will focus on regarding the Approved Remediation List
        - If an applicant is to receive partial funding, the committee will have the information of full funding request, partial funding that is available and the metrics that were originally presented.
- Should there be funding left over, the Committee will either:
    - Recommend funding to go towards grant approved supplies for County. (Example: Narcan for EMS, Sheriff, Health Department)
    - Recommend funding to be placed in second round or for a county project focused on Opioid Relief. Note, second round must be in a certain time frame or Sumner County runs the risk of losing those funds.
    - Recommend a Direct Appropriation as a Grant Applicant that has presented an application may be able to enhance their project with additional funds.

Section 5: Recommendation To Budget Committee and County Commission

- The Opioid Committee will recommend the funding of projects to the Budget Committee.
- The Budget Committee will recommend funding to the County Commission.

Section 6: Grant Contracts and Reimbursement

- After the County Commission has approved the projects, the Grants Accountant with the Legal Department will submit grant awards/contracts to grantees for execution.
- The contract will state Opioid Abatement Reimbursement will occur on a quarterly basis upon receipt of the performance metrics.
- The contract will state that if performance metrics are not submitted or do not meet the goals set forth, this will trigger a corrective action plan which may result in the contract being terminated.

Organization Name:

Project Name:

Target Areas: Does the application focus solely on one of the target areas being: Hendersonville, Gallatin, or Part of State Route 109 and that the impact can be demonstrated for only that area.
_____ Yes (Automatic Score of 10)
_____ No (No additional points)

Comments: _____

Section 1. Adherence to Application Instructions

Criteria	Score* Exemplary					No response	Comments/Notes:
	5	4	3	2	1	0	
Completeness of application							
Completeness of all required documents							
Overall quality							

Section 2. Organizational Information							
Criteria	**Score*** Exemplary					No response	**Comments/Notes:**
	5	4	3	2	1	0	
Expertise to carry out the proposed project							
Organizational structure can support the project							

Section 3. Project Information							
Criteria	**Score*** Exemplary					No response	**Comments/Notes:**
	5	4	3	2	1	0	
Feasibility of the project described							
Clarity of objectives and activities							
Relevance and Suitability of Success Metrics							
Feasibility of timeline							
Supporting evidence is clear and appropriate							
Does Data support the need of the project/program?							

Does the Work Plan make sense and is thorough?							
Does the application meet the objective of awareness, education, and/or recovery?							

Section 4. Funding Information							
Criteria	**Score*** Exemplary					No response	**Comments/Notes:**
	5	4	3	2	1	0	
Appropriateness of total funding request							
Appropriateness of budget narrative							
Sustainability after the funding period							
Totals							**TOTAL SCORE =**

Section 5. Required Information (Not Scored But Can Be Used To Not Accept The Grant Application: Pending the Item)			
Item	**Provided**	**Not provided**	**Comments/Notes:**
Completed budget and budget narrative			
Current annual operating budget			

State certification, licensure, or accreditation if applicable			
Letters of support from any project partners or collaborators, if applicable			
Is the application signed.			
Item	**Yes**	**No**	**Comments/Notes:**
Do funds supplement rather than supplant?			
Will funds awarded be used only for Sumner County residents?			
Are they currently receiving county funding?			Amount (if applicable):
Item	**Response**		**Comments/Notes:**
Target population and Geographical area served			
Number of people served			
Strategies that will be addressed with funds	_____ Primary Prevention _____ Harm Reduction _____ Treatment _____ Recovery Support _____ Education & Training _____ Research & Evaluation		

* Scoring Legend		
Score	**Descriptor**	**Description**
0	No response	No response provided
1	Insufficient	Response lacks key information
2	Fair	Response is missing important details
3	Satisfactory	Response meets the requirements
4	Excellent	Response exceeds the requirements
5	Exemplary	Response is exemplary and detailed