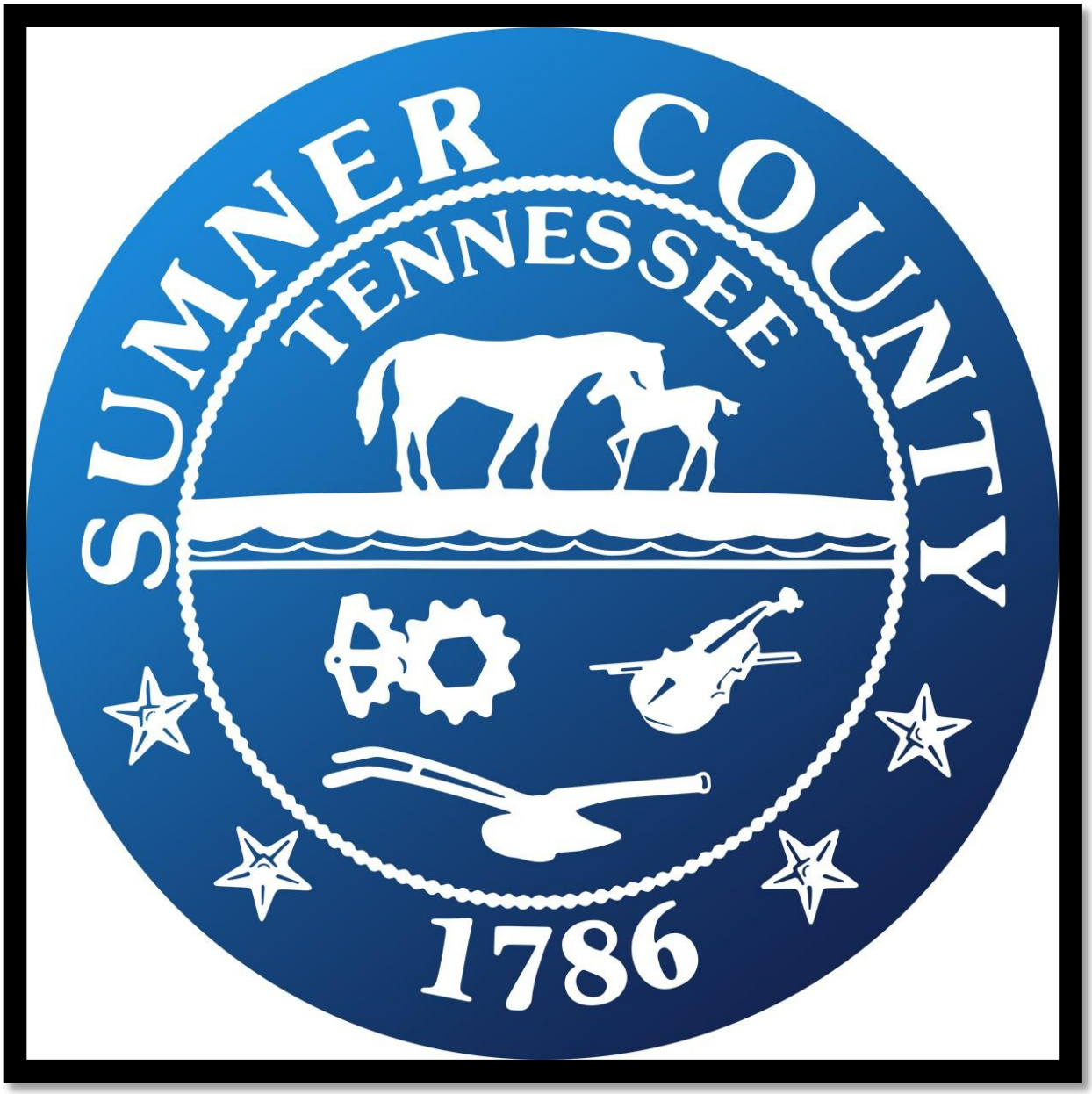

Opioid Settlement

Fiscal Year 2026- 2027 Funding Request

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)

1.4 Address

1.5 List of Board of Directors and Officers, if applicable. (500 Characters)

1.6 Contact Person – Title, Phone Number, Mailing Address, and Email Address

1.7 How many paid employees do you have

Paid Full Time Employees

Paid Part Time Employees

Volunteer Full Time

Volunteer Part Time

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)
_____ Westmoreland
_____ 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 How many Non-Sumner County residents are served by your organization?

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

1.11 Is your agency certified, licensed, and/or accredited by the State of Tennessee? (500 Characters)

- If yes, please explain what the certification, licensed, and/or accreditation means to your agency.
- If no, please explain why the agency has not sought out any certification, licensed, or accreditation.

Supporting Documentation:

Attachments To Include in This Section Include:

- Salary Schedule
- Sumner County Fund Monitoring Form: Compliance
- Copy of Certification/Licensed/Accreditation: _____
- Additional Documentation To Support This Section: _____
- Additional Documentation To Support This Section: _____

Salary Schedule
(For Employees That Are Directly/Indirectly Involved In The Project)

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:

Demographics About Employees In Your Organization - (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)	

Demographics About Sumner County Residents Receiving Your Current Services (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: