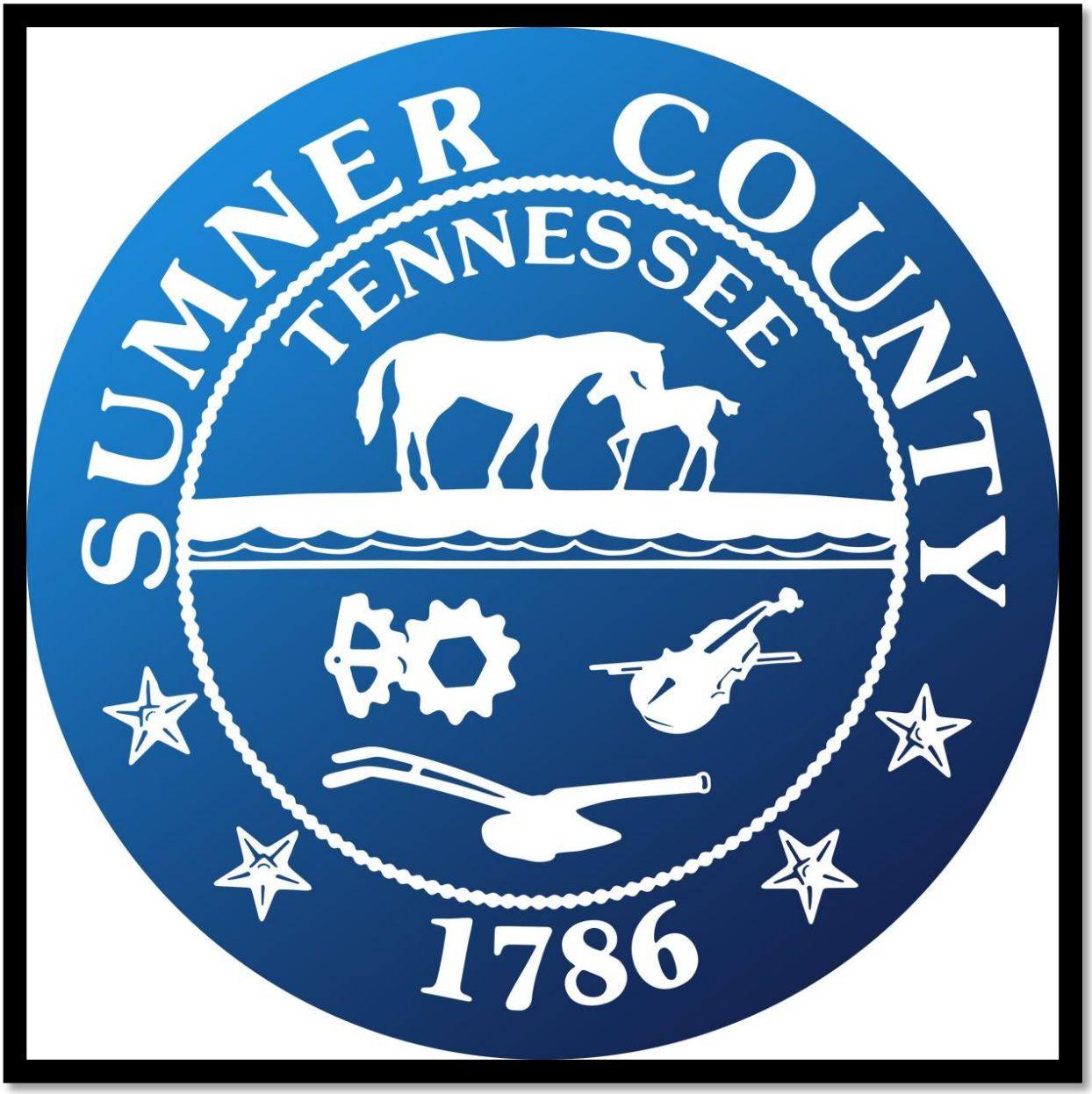

Opioid Settlement

Fiscal Year 2026- 2027 Funding Request

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 (Continue to next section)

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
  - Is the title clear Select One
- ☐ Environmental Review of Property
- ☐ Purchased Land
  - Is the property zoned for the activity that you are proposing Select One
- ☐ 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)

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

4.1.5 Explain how the budget was determined for this project and include the entire budget for the project after this section. (500 characters)

4.1.6 Do you agree that If property is sold over the next 20 years, as the grantee you will need to return the grant funds pro rata? Select One

- Yes
- No

Pro Rata Plan

- Years 1-5: 90% of the grant that was awarded.
- Years 6-10: 70% of the grant that was awarded.
- Years 11-15: 50% of the grant that was awarded.
- Years 16-20: 30% of the grant that was awarded.

4.2 Complete This Section For Bed Space Rental

4.2.1 Will these beds be reserved for Sumner County Residents

○ Yes ○ No*

- If, no the application cannot be accepted as funds must go towards Sumner County residents. See page 2: Main Criteria.

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)

4.2.3 Explain what happens if there is not space available for a Sumner County Resident when one is needed? (500 characters)

4.2.4 How many beds will be reserved under this project?

4.2.5 Explain the pro rata portion, should a person leave the facility before completion of treatment or against medical advice? (1,000 characters)

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)

4.2.7 What is your success rate for people detoxing from Opioids for 6 months; 1 year; and 5 years? What inpatient and outpatient treatment do you have after detoxification? (1,000 characters)

4.2.8 What certification(s) and insurance do you have to run the facility/business operation? (500 characters)

4.2.9 What are the number of doctors/nurses/staff that will be on site while the Sumner County resident is located at the facility?

_____ # of Medical Doctors
_____ # of Registered Nurses
_____ # of LPN Nurses
_____ # Licensed Substance Abuse Counselors
_____ # Administrative Staff
_____ # Other: _____
_____ # Other_____

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: _____