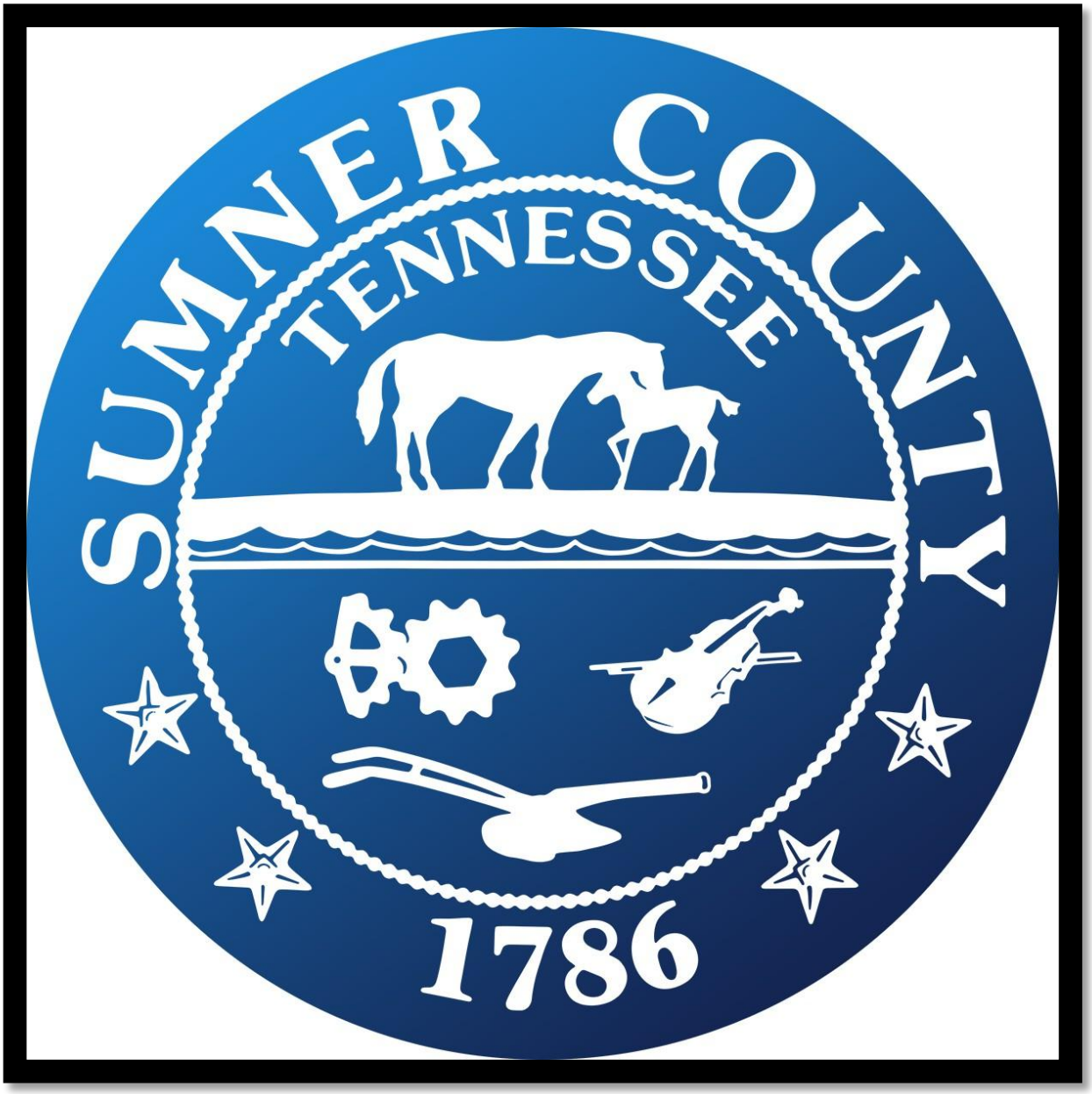

Opioid Settlement

Fiscal Year 2026- 2027 Funding Request

Section 7. 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

Date

Printed Name:

Sumner County Finance Department Use Only

Date Received: _____ Time Received: _____ Received By: _____