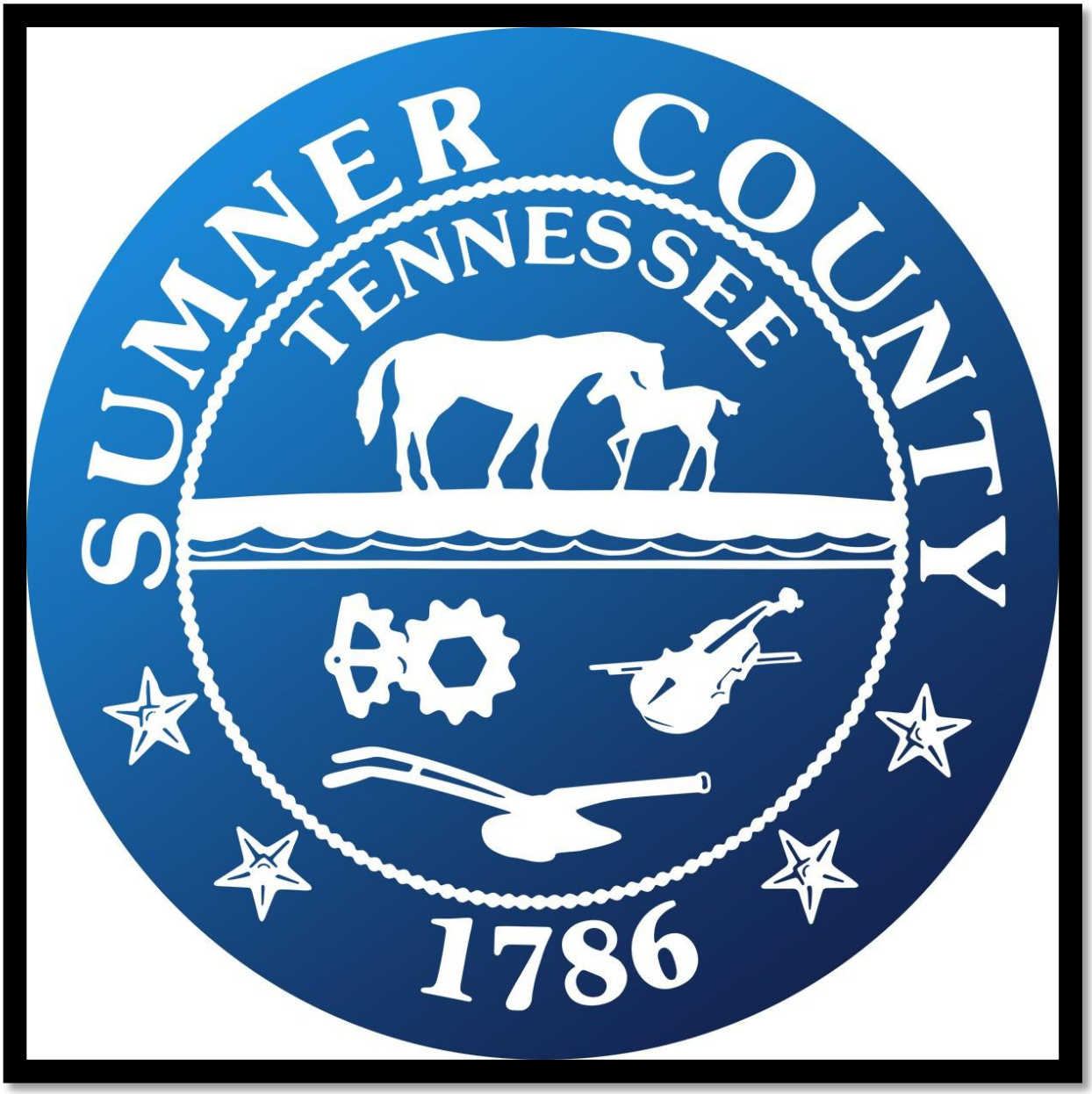

Opioid Settlement

Fiscal Year 2026- 2027 Funding Request

Section 8: Final Submission Checklist

Applicant Organization: _____
Project Title: _____
Date Completed: _____

GENERAL ELIGIBILITY REVIEW
☐ 100% of requested funds will directly benefit Sumner County residents.
☐ The proposed project supports opioid awareness, prevention, treatment, recovery, remediation, or education.
☐ The project aligns with an approved Opioid Abatement Council remediation strategy (Exhibit E).
☐ The application uses the official Sumner County application form.
☐ All questions have been answered completely.
☐ Character limits were followed where applicable.
☐ All required supporting documentation has been attached.
☐ If collaborating with another organization, letters of support are attached.
☐ If requesting 20% or more of available funding, two years of financial history are included.
☐ If requesting 40% or more of available funding, two years of financial history are included.

SECTION 1 – ABOUT YOUR ORGANIZATION
Application Questions Completed
☐ 1.0 Legal Name of Organization
☐ 1.1 Organization Type
☐ 1.2 Federal ID Number and Year Established
☐ 1.3 Purpose of Organization
☐ 1.4 Address
☐ 1.5 Board of Directors/Officers
☐ 1.6 Contact Information
☐ 1.7 Staffing Information
☐ 1.8 Sumner County Residents Served
☐ 1.9 Non-Sumner County Residents Served
☐ 1.10 Current Programs Provided
☐ 1.11 Certification, Licensing, and/or Accreditation Information

Required Attachments
☐ Salary Schedule
☐ Sumner County Fund Monitoring Form (Compliance Survey)
☐ Certification/License/Accreditation Documentation (if applicable)
☐ Additional supporting documentation (if applicable)

SECTION 2 – ORGANIZATIONAL FINANCIAL INFORMATION
Application Questions Completed
☐ 2.1 Current Operating Budget and Actuals
☐ 2.2 Fiscal Year End Date
☐ 2.3 Board Budget Oversight Explanation
☐ 2.4 Board Support Description
☐ 2.5 Sustainability Plan

☐ 2.6 Previous Sumner County Funding History
Required Financial Documentation
All Applicants
☐ Budget-to-Actual Reports
☐ Revenue Breakdown by Funding Source
☐ Expenditure Breakdown
☐ Beginning Cash Balances
☐ Most Recent Audit or Comptroller Annual Report
Nonprofit Organizations
☐ IRS Determination Letter
☐ Most Recent IRS Form 990, 990-EZ, or 990-N
County Departments/Public Schools
☐ Current Fiscal Year Budget
☐ Previous Fiscal Year Budget-to-Actual Report
☐ Statement Explaining Opioid Impact on Department Budget
☐ Statement Regarding Supplemental Funding/Subsidies
☐ Most Recent Annual Financial Report
☐ Additional Financial Explanations (if needed)

SECTION 3 – PROJECT PROPOSAL
Proposal Narrative Completed
☐ 3.1 Project Title
☐ 3.2 One-Year or Two-Year Funding Request
☐ 3.3 Funding Amount(s)
☐ 3.4 20% Funding Threshold Question
☐ 3.5 40% Funding Threshold Question
☐ 3.6 Organizational Contribution
☐ 3.7 Project Intent and Impact
☐ 3.8 Existing FTE Information (if applicable)
☐ 3.9 New FTE Information (if applicable)
☐ 3.10 Proposed Budget Included
☐ 3.11 Detailed Use of Funds
☐ 3.12 Partnerships/Collaborations
☐ 3.13 Number of Residents to be Served
☐ 3.14 Data Demonstrating Need
☐ 3.15 Exhibit E Remediation Strategy Listed
☐ 3.16 County Need Assessment Response
☐ 3.17 Service Category Identified
☐ 3.18 Population Served Identified
☐ 3.19 Evidence-Based Practices Described (if applicable)
☐ 3.20 Drug Testing Procedures Explained (if applicable)
☐ 3.21 Prior Funding Comparison (if applicable)
☐ 3.22 Sustainability After Funding Ends
☐ 3.23 Quarterly Reporting Commitment
☐ 3.24 Future Funding Intent
☐ 3.25 Core Area/Target Area Justification (if applicable)

Required Proposal Attachments
☐ Detailed Work Plan
☐ Project Budget
☐ Letters of Support
☐ Data Supporting Need
☐ Additional Supporting Documentation

WORK PLAN REVIEW
Beginning Phase
☐ Responsible person identified
☐ Timeline identified
☐ Funding amount identified
☐ Specific activities described
☐ Success measures identified
☐ Outcomes identified
Middle Phase
☐ Responsible person identified
☐ Timeline identified
☐ Percentage complete identified
☐ Funding amount identified
☐ Specific activities described
☐ Success measures identified
☐ Outcomes identified
End Phase
☐ Responsible person identified
☐ Timeline identified
☐ Percentage complete identified
☐ Funding amount identified
☐ Specific activities described
☐ Success measures identified
☐ Outcomes identified

SECTION 4 – CAPITAL PURCHASES / BED SPACE RENTAL
(Complete only if requesting funding under this category.)
☐ Section completed
☐ Cost estimates attached
☐ Quotes/proposals attached
☐ Strategic plan attached
☐ Ownership/lease information attached
☐ Supporting documentation attached

SECTION 5 – NALOXONE / NARCAN

(Complete only if requesting funding under this category.)

☐ Section completed
☐ Distribution plan attached
☐ Inventory controls described
☐ Training plan described
☐ Supporting documentation attached

SECTION 6 – SCHOLARSHIPS / MEDICAL ASSISTANCE

(Complete only if requesting funding under this category.)

☐ Section completed
☐ Eligibility criteria attached
☐ Scholarship guidelines attached
☐ Treatment program description attached
☐ Housing information attached (if applicable)
☐ Transition/discharge procedures attached
☐ Supporting documentation attached

SECTION 7 – SIGNATORY PAGE

☐ Authorized representative signature completed
☐ Date completed
☐ Organization agrees to financial review requirements
☐ All information certified as accurate

SECTION 8 – FINAL SUBMISSION CHECKLIST

☐ Checklist marked off and signature/date signed

DOCUMENTS SUBMISSION PACKAGING REVIEW

Required File Naming Order

☐ 1. About Your Organization
☐ 1.1 Supporting Documentation
☐ 2. Finances
☐ 2.1 Supporting Documentation
☐ 3. Proposal
☐ 3.1 Supporting Documentation
☐ 4. Capital and Bed Space (if applicable)
☐ 4.1 Supporting Documentation
☐ 5. Naloxone/Narcan (if applicable)
☐ 5.1 Supporting Documentation
☐ 6. Scholarships/Medical Assistance (if applicable)
☐ 6.1 Supporting Documentation
☐ 7. Signatory Page
☐ 8. Overall Checklist

FINAL APPLICANT CERTIFICATION

Before submitting, I certify that:

☐ All required sections have been completed.

☐ All required attachments have been included.

☐ All requested funding supports opioid abatement and remediation activities.

☐ The proposal directly benefits Sumner County residents.

☐ The application package is complete and ready for submission.

Applicant Signature: _____

Date: _____