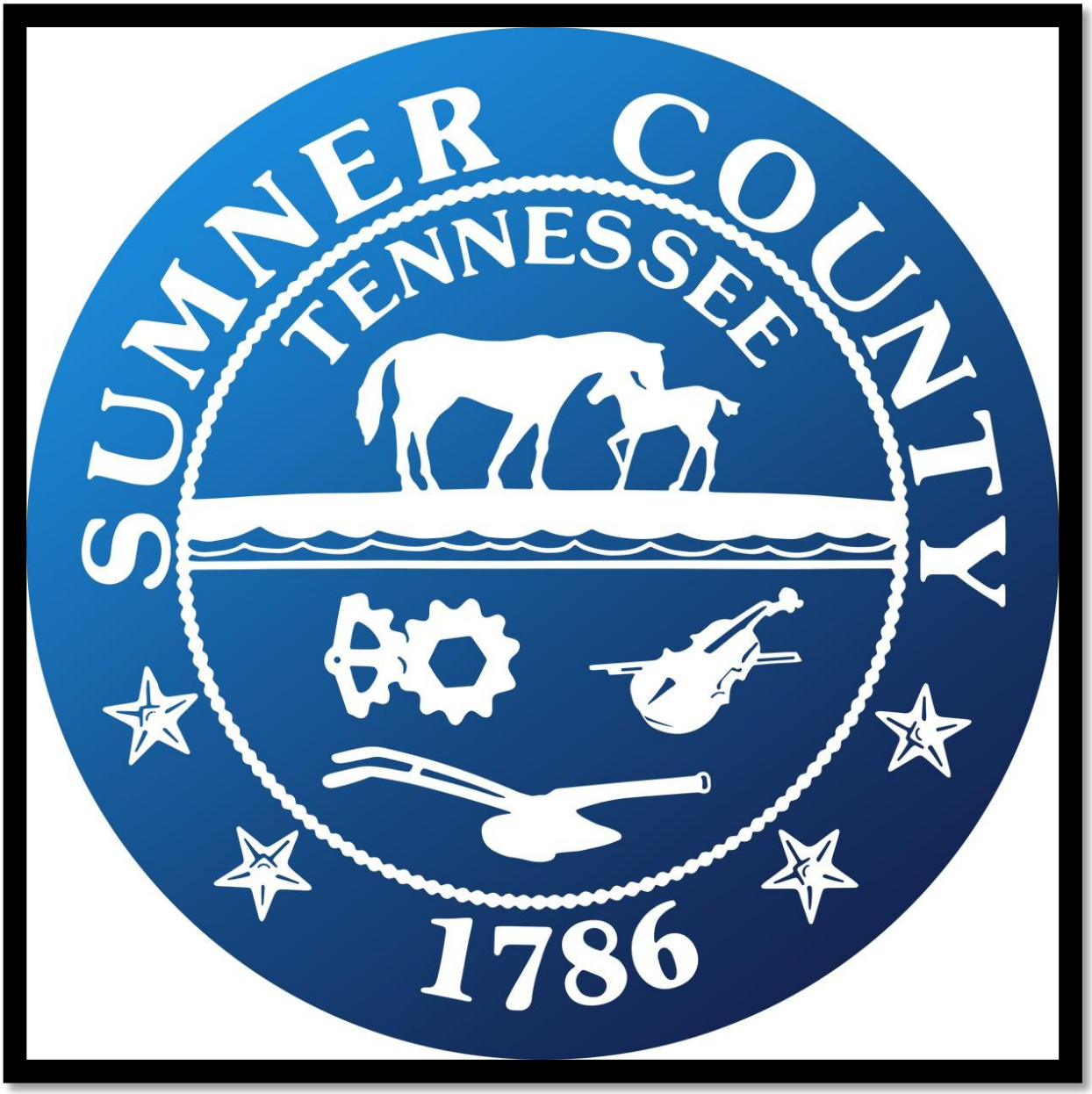

Opioid Settlement

Fiscal Year 2026- 2027 Funding Request

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About The Program

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 $403,443.61
  - 20% of the aggregate is $80,688.72
  - 40% of the aggregate is $161,377.44
  - Note: The aggregate is used as a threshold for an automatic presentation as found in Section 3: The Proposal and what additional financial information will need to be submitted for the application.
- 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 application requests funding at or above the specified aggregate threshold, the applicant may be invited to deliver a 10-minute presentation, followed by a structured question-and-answer session to provide additional detail and clarification.

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 and How To Submit The Application

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 <u>not eligible</u> 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 3.13: "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 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.

Main Areas of Concentration:

The Sumner County Opioid Abatement Committee will accept all applications that can be directly tied to Exhibit E "List of Opioid Remediation Uses." With that being stated, there will be two opportunities to receive additional points when the application is being scored. The first area focuses on one of the core areas that is listed below and the second is focusing on targeted areas. Each opportunity will result in the application receiving an additional 10 points (total 20 can be earned) for addressing the needs of the County. When responding to questions in the application, the applicant will need to be very specific in their details about the project and how it meets the criteria listed below.

Core Areas For Sumner County

The core areas were selected from Exhibit E and match the Needs Assessment being:

- Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
- Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

- Provide employment training or educational services for persons in treatment for recovery from OUD and any co-occurring SUD/MH conditions.
- Support greater access to mental health services and supports for young people, including services and support provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
- Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
- Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders focusing on the different types of medication that can be used.

Selection of Target Areas for Community Outreach and Prevention

"The SCOC reserves the right to prioritize funding for projects that advance the following initiatives: prevention, education, 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. In addition, the activities targeting these locations must occur within the boundaries that are presented.

Image of Approximate Area for the City of Hendersonville

Image of Approximate Area for the City of Gallatin:

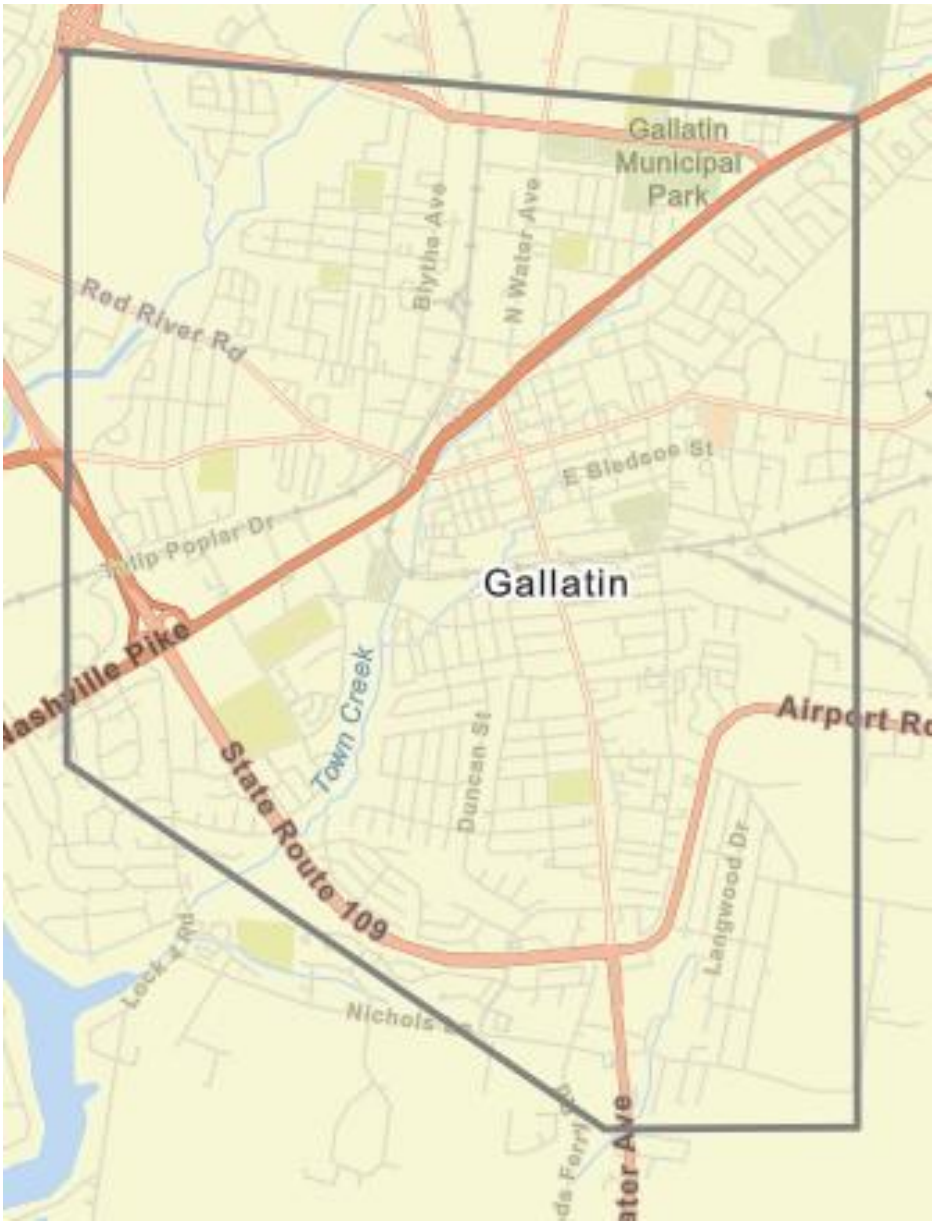
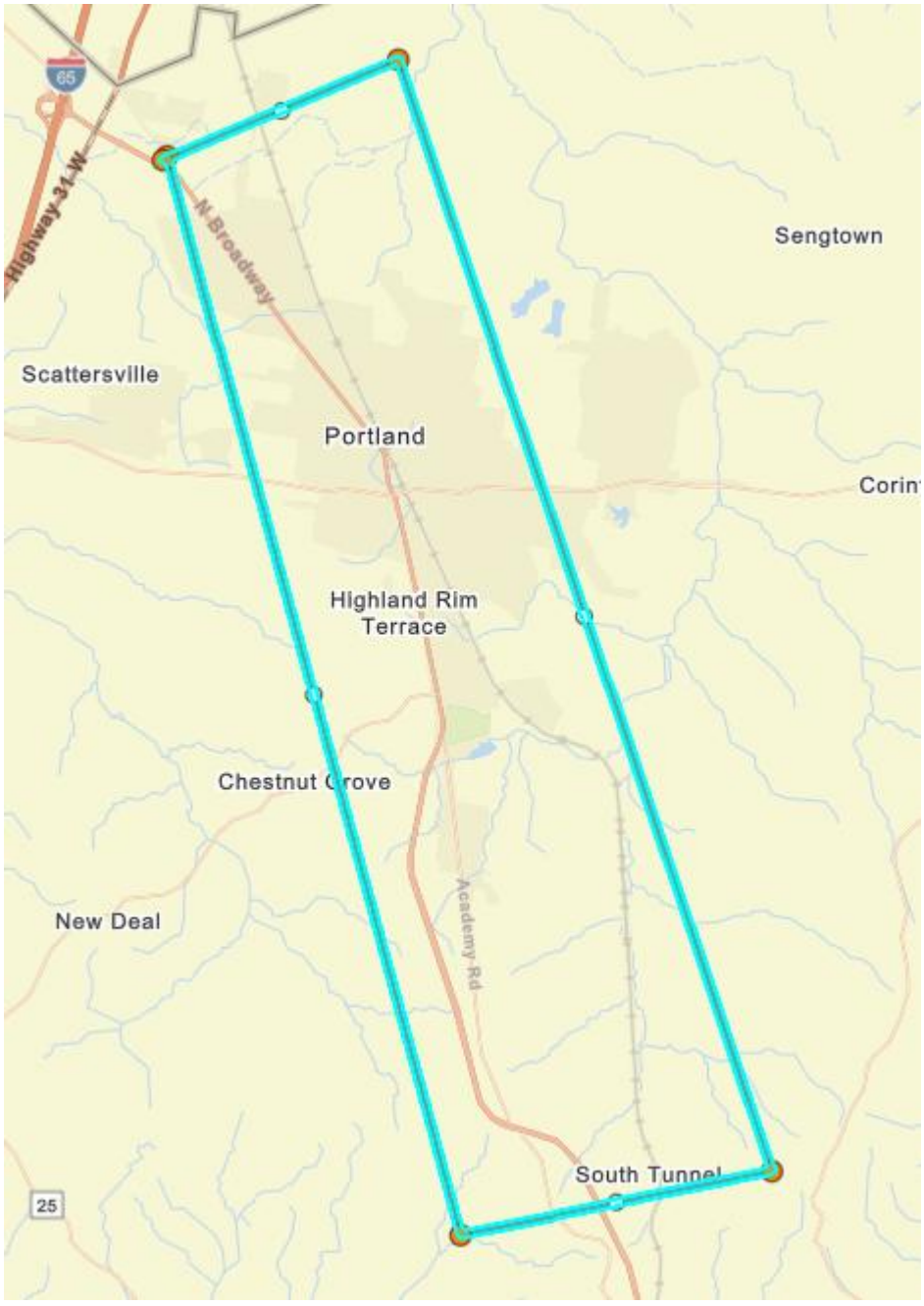


Image of Approximate Area of State Route 109



Letters of Support
If the application mentions working with another entity, a letter of support on letterhead must be submitted in the Proposal Section as supporting documentation. The person must have "authority" to sign on behalf of the entity.

Artificial Intelligence:
Applications must contain original content developed by the applicant organization and accurately represent its proposed activities and funding request. AI tools may be used for spelling, grammar, formatting, and editing purposes but may not be used to generate substantive responses to application questions. The County reserves the right to reject applications that contain AI-generated narrative content.

Official Application Form
Applicants must utilize the official application form provided by Sumner County. Applications that have been modified, altered, recreated, reformatted, or submitted using any version other than the official application may be deemed non-responsive and removed from consideration. It is the applicant's responsibility to ensure that the current official application form is used and submitted in its entirety.

Timeline of Submission and Awards for 2026-2027 Fiscal Year

Submission – Review -- Scoring	
June 25, 2026 – July 24, 2026	Proposals to be submitted to the Department of Finance.
July 29, 2026 – August 19, 2026	Proposals to be initially reviewed, propose questions to Grants Analyst, and scored.
August 21, 2026,	Scores due to Grant Accountant
August 26, 2026	Special Called Meeting To Make Recommendations
Save The Date	
August 12, 2026	10 Minute Presentation/Q/A Session (Pending Committee Questions)
Notes	
• The Opioid Abatement Committee reserves the right for a ten-minute presentation followed by Q/A Session not to exceed 15 minutes per applicant. • Dates after the submission period are subject to change and notification will be posted on Sumner County website page for Opioids.	

Instructions For Submitting The Application

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 Your Organization
Section 1.1	Supporting Documentation for statements in About You
Section 2.	Finances
Section 2.1	Supporting Documentation for Finances
Section 3	The Proposal
Section 3.1	Supporting Documentation for The Proposal
Section 4	Capital and Bed
Section 4.1	Supporting Documentation Capital and Bed (If Applicable)
Section 5	Naloxone/Narcan
Section 5.1	Supporting Documentation for Naloxone/'Narcan
Section 6	Providing Scholarships/Medical Assistance
Section 6.1	Supporting Documentation for Providing Scholarships/Medical Assistance
Section 7	Signatory Page
Section 8	Checklist

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	Section 1: Supporting Documentation
2.	Finances
2.1	Section 2: Supporting Documentation
3.	Your Organizations Proposal
3.1	Section 3: Supporting Documentation
4.	Capital and Detoxification
4.1	Section 4: Supporting Documentation (If Applicable)
5	Naloxone/Narcan
5.1	Section 5: Supporting Documentation
6	Providing Scholarships/Medical Assistance
6.1	Section 6: Supporting Documentation
7	Signatory Page
8	Check List

Failure to label incorrectly will result in the application not being accepted.

Bote, 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

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)

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:

Section 2: Organization's Financial Information

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

Budget:

Actuals:

2.2 When does your fiscal year end?

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

2.4 How does the board of directors support the organization (financially or otherwise)? (500 Characters)

2.5 Describe the organization's plan for future sustainability. (500 Characters)

2.6 List any support received from Sumner County in the last three years (including grants/contributions to not-for profits). If requesting an increase, explain why. (500 Characters)

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.
6) A copy of the organization's most recent annual audit, if available; If an annual audit is not available, an annual report completed on the form prescribed by the Tennessee Comptroller of the Treasury.

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.
6) A copy of the organization's most recent annual audit, if available; If an annual audit is not available, an annual report completed on the form prescribed by the Tennessee Comptroller of the Treasury.

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 3: The Proposal

3.1 What is the "Title" of the proposal?

3.2 Is Your Request for One Year of Funding or Two Years of Funding? Select One C

3.3 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

3.4 Is this amount 20% or more of the aggregate being requested for a one-year contract? ○ 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.
- If you answer yes to the 20% 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.

3.5 Is this amount 40% or more of the aggregate being requested for a two-year contract? ○ Yes ○ No

- If you answer yes to the 40%, 2 years of financial history must be included as part of the application. (See Section 3: Financial Information: For All Applicants.
- 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.

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

3.7 What is the specific intent for the proposed grant funds and how will it impact those with Opioid Use Disorder (1,000 character maximum)

3.8 If your organization is proposing to subsidize a current 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? How are their job duties tied to the program deliverables that are being presented? How will you separate funding for their job duties on this project versus their normal activities? (1,000 character maximum)

3.9 If your organization is proposing a new 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)

3.10 Did you include a "Proposed Budget" at the end of this Section? ◯ Yes ◉ No

Example of Proposed Budget:

Example: Proposed Budget and Timetable				
Project Title	Opioid Abatement: Sumner County			
Grantee	Delta Carter			
Duration of project	July 1, 2026 - June 30, 2028			
Budget Category	**Year 1**	**Year 2**	**Total**	**Percent**
Salary	$ 50,000.00	$50,000.00	$100,000.00	86.21%
Fringe	4,500.00	4,500.00	9,000.00	7.76%
Equipment	6,000.00		6,000.00	5.17%
Training	500.00	500.00	1,000.00	0.86%
Research				0.00%
Total	$61,000.00	$55,000.00	$116,000.00	100%

3.11 What exactly are the County Opioid Abatement Funds paying for in this application? (Be Specific). (1,000 characters)

3.12 Are you partnering or collaborating with others on this project? Select One C

- If yes, who are you partnering with on this project?

- If there is a partnership, a letter of support from the partner **must be submitted** as supporting documentation for this section.

3.13 How many Sumner County residents do you anticipate this program will serve?

3.14 What data do you have that demonstrates the need for this project/program in Sumner County? (1,000 characters)

3.15 List the Remediation Strategy and Section Number (see remediation document: Exhibit E) being used
Exhibit E: Remediation Strategies:

3.16 Identify the specific need(s) outlined in the County's assessment that this proposal is intended to address. Clearly explain how the proposed project directly responds to and meets these identified needs. Responses should be factual, concise, and supported by relevant data or program rationale. Do not overstate or exaggerate the need or the proposed impact. (1,000 characters)

3.17 What type of service will this program fall under:

- ☐ Naloxone or other FDA approved drug to reverse opioid overdoses.
- ☐ Medication assisted treatment distribution.
- ☐ Pregnant and postpartum women
- ☐ Expanding treatment for neonatal abstinence syndrome
- ☐ Expansion of warm hand-off programs and recovery services
- ☐ Treatment of incarcerated
- ☐ Prevention programs
- ☐ Expanding syringe service programs
- ☐ Evidence based data collection and research.

3.18 Mark (All that apply) the objective(s) and service population your application addresses:

- ☐ Community Outreach
- ☐ On-Site Services (Adult)
- ☐ On-Site Services (Juvenile)
- ☐ Education
- ☐ Treatment of Opioid Use Disorder
- ☐ Unhoused
- ☐ IV Drug Users
- ☐ Pregnant Women
- ☐ Babies Board with Addiction
- ☐ Incarcerated
- ☐ Others

3.19 If you are an agency providing direct care/treatment of Opioid Use Disorder, please list the evidence-based practices utilized by your agency. (500 Characters)

Note: **Evidence-Based Practice (EBP)** refers to programs, interventions, or strategies that are supported by research, proven effective through evaluation, and guided by data, professional expertise, and community needs. In opioid response efforts, EBP includes approaches that have demonstrated measurable success in reducing overdoses and improving public health outcomes.

3.20 If you are requesting funding for drug testing, What is the process when an individual tests positive for substance use under this program? Describe how the program will ensure that any positive results are used to support engagement in treatment, recovery services, or harm reduction supports, rather than punitive action, and how confidentiality and client dignity will be maintained (500 characters)

3.21 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)

3.22 How will the program continue in the future without relying on the Opioid Settlement. (500 characters)

3.23 Will your organization be able to provide and present quarterly reports from date of funding to include measurements of success that is indicated on the workplan to the Committee?

_____ Yes _____No

3.24 To better assist all parties, does your organization intend on applying for future opioid funding from Sumner County? If yes, list the funding to be requested in the upcoming year. Note: This does not guarantee future funding.

FY27-28	FY30-31
FY28-29	Unknown
FY29-30	

3.25 If the organization believes its proposal addresses one or more of Sumner County's identified Core Areas and/or Target Areas, please explain in 1,000 characters or fewer how the proposed project specifically meets the designation(s) being requested.

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: _____

The Proposal Work Plan

Directions

Using the tables below, outline the activities that are most important in achieving your proposed objectives. Your completed Work Plan must specifically address:

- What specific activities will be completed and when
- Who is responsible for implementing each activity
- Costs associated with each phase or objective
- The expected results of each activity

Additional rows may be added or removed as necessary.

Note: Each phase must be completed in full. Listing "N/A" or indicating completion in the Beginning Phase only is not acceptable. The work plan must show "specific" work being completed in each section. Generic statements

EXAMPLE OF HOW TO FILL OUT THE PHASES

Beginning Phase of Work Plan

- **Time Frame and Responsible Person:** Robert Brown, Month 1
- **Amount of Opioid Settlement Funds Used in This Phase:** $3,000
- **What Will Be Done:**
  The organization will procure 1,000 fentanyl test strips from Bybee Drug Store or an approved vendor and establish initial distribution procedures. Staff will be oriented on distribution protocols, documentation requirements, and participant engagement procedures.
- **Proposed Measure of Success:**
  Receipt and inventory confirmation of all test strips within the first quarter of the contract period and completion of staff implementation training.
- **Outcome:**
  The program will be fully operational and prepared to begin fentanyl test strip distribution to individuals at risk of opioid use disorder within the first quarter of implementation.

Middle Phase of Work Plan

- **Time Frame and Responsible Person:** Roberta Watts, Months 2–11
- **Amount of Opioid Settlement Funds Used in This Phase:** $0.00
- **Percentage of Project Completed:** 80%

- **What Will Be Done:**
  The organization will continue distribution and utilization of fentanyl test strips. Individuals who receive a positive result will be retested within 12 hours when appropriate. If a second positive result occurs, staff will conduct a clinical reassessment and coordinate individualized adjustments to the participant's recovery or treatment plan. Participants will be offered enhanced recovery support services, including up to seven (7) hours of recovery coaching and referral to additional treatment resources as needed.
- **Performance Metrics:**
  - Number of participants with positive fentanyl test results during the middle phase
  - Percentage of participants who remain engaged in services following a positive result
  - Percentage of participants receiving updated treatment plans or increased service intensity
  - Number of referrals to higher levels of care or Medication for Opioid Use Disorder (MOUD) providers
  - Number of naloxone kits distributed following positive test results
- **Outcome:**
  Continued participant engagement in services with documented clinical reassessment, care plan modification when appropriate, and increased overdose prevention interventions following positive fentanyl test results.

End Phase of Work Plan

- **Time Frame and Responsible Person:** Dusty DoRight, Month 12
- **Amount of Opioid Settlement Funds Used in This Phase:** $0.00
- **Percentage of Project Completed:** 100%
- **What Will Be Done:**
  The organization will conduct final participant reviews to assess program completion, sustained engagement in recovery supports, and overall outcomes based on fentanyl test strip utilization trends throughout the project period. Participants will receive a final individualized recovery plan that includes relapse prevention strategies, linkage to ongoing treatment or peer recovery services, and continued access to overdose prevention education and naloxone resources.

  The organization will also ensure all participants are transitioned into appropriate long-term support systems, including outpatient treatment, MOU providers, recovery community organizations, or other community-based services as clinically appropriate. Final data collection, evaluation, and reporting will be completed in accordance with contract requirements.

- **Proposed Measure of Success:**
  - Completion of all required reporting and outcome documentation within the contract period
  - Percentage of participants completing the program while remaining engaged in recovery or support services
  - Percentage of participants successfully linked to ongoing care or community-based recovery supports at program exit
  - Demonstrated reduction in fentanyl-positive test frequency over the course of participation (trend-based improvement)
- **Outcome:**
  Participants will complete the program with sustained engagement in recovery supports, reduced indicators of fentanyl exposure over time, and a structured transition plan ensuring continuity of care.

Beginning Phase of Work Plan
Time Frame and Responsible Person
How much of the Opioid Settlement Funds will be used “In This Phase?
What Will Be Done (Name Specific Actions That Will Occur 500 Characters)
Proposed Measure of Success (500 Characters)
Outcome (500 Characters)

Middle Phase of Work Plan
Time Frame and Responsible Person
What Percentage Do You Expect To Complete? Note: This will be what you anticipate having been accomplished in Quarters 1, 2, and 3)
How much of the Opioid Settlement Funds will be used?
What Will Be Done (Name Specific Actions That Will Occur: 1,000 Characters)
Proposed Measure of Success (1,000 Characters)
Outcome (1,000 Characters)

End Phase of Work Plan
Time Frame and Responsible Person
What Percentage of the Project Was Completed?
(Note: This is submitted at the end of Quarter 4.for reimbursement. Expectation is to be close to 100% of the project being completed)
How much of the Opioid Settlement Funds will be used?
What Will Be Done (Name Specific Actions That Will Occur:1,000 Characters)
Proposed Measure of Success (1,000 Characters)
Outcome (1,000 Characters)

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: _____

Section 5: Naloxone/Narcan

Question Before Beginning This Section

Does the proposal contain Naloxone/Narcan?

- (●) Yes (Continue with Section 5: Naloxone)
- ( ) No (Proceed with the next section)

5.0 Have you contacted the Regional Overdose Prevention Specialist (ROPS) assigned to Sumner County in order to establish the need for and coordinate efforts with this proposal? ***(ROPS are funded by TDMHSAS to distribute naloxone and provide trainings at no cost for those who otherwise might not be able to access naloxone.)***

If yes, What was the response to coordinate efforts? (500 characters)

If not, is there a reason why you have yet to connect with the ROPS Representative? (500 characters)

Additional Information: For information about ROPS, visit:
https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html

5.1 Will there by any naloxone related training involved. Select One

Explain in detail your response about your proposed training and how the organization developed the training content. (500 characters)

5.2 Will you be distributing naloxone through multiple sites in the County? Select One

If distributing at multiple sites, list the locations (Housing complexes, street junctions, businesses etc.): (500 Characters)

If not distributing at multiple sites, location of the single distribution: (190 Characters)

5.3 Explain in detail how the sites were chosen for Naloxone distribution, provide information/data used: (700 Characters)

5.4

5.5 What brand of Naloxone will you be using?

How much of the budget (dollar amount) is going towards the purchase of naloxone?

What is the cost per unit?
Note: If the cost per unit is too high, the County will request you to use a different vendor.

5.6 How many units will you purchase?

5.7 Should there be multiple applicants wanting to distribute naloxone, would you consider coordinating efforts with another not for profit and ROPS representative?

◯ Yes ◯ No

Note: If yes, a meeting will occur before the final scoring of the applications to inform the Board of any potential project changes. If no, a detailed explanation is needed. (500 characters)

5.8 Who will receive Naloxone? Be specific and include how this population was identified as high risk. Also specify how it is known that this population is not already receiving naloxone. (500 Characters)

5.9 Overdose Response Integration (500 characters each)

How will recipients be educated on recognizing and responding to an overdose?

How will recipients of naloxone kits be informed of additional services such as treatment and recovery?

5.10 Storage, Security, and Accountability (1,000 characters)
How will naloxone be appropriately stored and tracked before distribution?
What are your secure storage procedures?
Expiration What is your organization's monitoring plan?
If naloxone will be distributed in a vending machine, will vending machine be climate controlled?

5.11 For data tracking and reporting purpose "How will you track distribution and usage?" Include the following information in your 500 character response:

- Number of kits to distributed
- Location of distribution

5.12 For evaluation of effectiveness purposes "How will you measure success of this naloxone distribution program?" Examples include:

- Reduction in overdose deaths (if data available)
- Number of reversals reported
- Increased community access points
- 500 characters

5.13 Regarding Sustainability “How will the program continue supplying naloxone after this funding period ends?” Examples include:

- Future funding sources
- Integration into ongoing operations
- Partnerships or procurement
- 1,000 characters

5.15 For Access and Coverage, “How does this proposal ensure naloxone is accessible throughout Sumner County, including rural areas, higher-density population centers, and individuals who may face barriers to accessing services?” The response will need to address the following:

- How distribution sites were selected to ensure broad community reach
- Geographic coverage across the county (rural and urban areas)
- Transportation and access barriers
- Distribution to populations at higher risk of overdose
- 1,000 characters

Attachments To Include for Naloxone/Narcan

- **Quote showing the cost of the Naloxone/Narcan per unit**

Section 6: Providing Scholarships/Medical Assistance

Question Before Beginning This Section
Is your grant application focusing on providing scholarships for treatment or medical assistance?

- ○ Yes (Continue with Section 6: Providing Scholarships and Medical Assistance)
- ○ No (Continue to next section)

Definition: **Scholarship Assistance:** A grant-funded award that provides full or partial payment of eligible expenses for individuals seeking treatment and recovery from opioid use disorders. Eligible expenses may include clinical treatment services, recovery support services, recovery housing, and other approved costs directly related to an individual's recovery plan. Scholarship assistance shall be awarded based on documented need and paid in accordance with the requirements of this funding opportunity.

6.1 Describe the treatment and recovery model(s) available to scholarship recipients. Indicate all that apply and provide details:

- ☐ Medication-Assisted Treatment (MAT)
- ☐ Intensive Outpatient Program (IOP)
- ☐ Residential Treatment
- ☐ Faith-Based Recovery
- ☐ 12-Step Program
- ☐ Cognitive Behavioral Therapy (CBT)
- ☐ Work-Based Recovery Program
- ☐ Peer Recovery Support
- ☐ Other (describe in detail section)

Detail Section (1,000 characters)

6.2 If the program incorporates faith-based services, identify which program components are faith-based and whether comparable non-faith-based treatment options are available at your facility. (1,000 characters)

6.3 Describe the average length of treatment and recovery support provided to scholarship recipients. (1,000 characters)

6.4.1 Explain the criteria used to determine eligibility for scholarship assistance. (500 characters)

6.5 What percentage of scholarship recipients successfully complete the program? _____
Provide supporting data for the previous three years, if available as an attachment

6.6 Under what circumstances may a participant be discharged, removed, expelled, or otherwise terminated from the program? (500 Characters)

6.7 If a participant is discharged or expelled before program completion, describe the procedures used to transition the participant to another treatment or recovery program. Include any referral requirements and follow-up procedures. (500 characters)

6.8 Does the organization maintain a written policy regarding participant discharge, expulsion, or transition to another provider?

◯ No ◯ If yes, attach the policy.

6.9 If the program includes a work component, describe: (1,000 characters)

- The nature of the work performed;
- Whether participation is voluntary or mandatory;
- Who supervises the work activities;
- Whether participants receive compensation;
- Who controls any wages, stipends, or earnings generated.

6.10 If participant earnings, stipends, savings, or other funds are held by the organization until program completion, explain: (1,000 characters)

- How funds are collected and maintained;
- Who has access to the funds;
- Circumstances under which funds may be withheld;
- The process for returning funds to participants.

6.11 If participant funds are held by the organization, a copy of the organization's written policy governing such funds **mus**t be attached to the application.

___ Yes, the document is attached
___ No, the organization does not hold funds for the participant

6.12 Does the organization require participants to pay any fees, make donations, tithe, contribute labor, or incur financial obligations beyond the requested scholarship amount? If yes, explain. (500 characters)

6.13 Describe all licensed clinical services available to scholarship recipients and identify the credentials of individuals providing those services. (1,000 characters)

6.14 Explain how the organization measures treatment success and long-term recovery outcomes. (1,000 characters)

6.15 Describe the organization's process for responding to participant relapsing during treatment. (500 characters)

6.16 Describe the aftercare, recovery support, housing support, employment assistance, transportation assistance, or peer support services available after program completion. (1,000 characters)

6.17 Has the organization, any affiliated organization, or any principal officer been the subject of a licensing action, sanction, suspension, fraud investigation, or legal action related to treatment services within the past five years? If yes, explain. (1,000 characters)

6.18 Describe how opioid abatement funds will be tracked separately from other funding sources to ensure compliance with grant requirements. (500 characters)

6.19 Provide the estimated cost per participant and describe how scholarship funds will be expended. (500 characters)

6.20 Describe how the organization ensures that scholarship recipients are not denied treatment based on inability to pay. (1,000 characters)

Attachments To Include for Scholarships and Medical Assistance

Note: Should your organization be awarded funding for the work program, the contract will state the County reserves the right to audit any holdings that participant shall receive as part of their transition plan for their next steps.

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: _____

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: _____