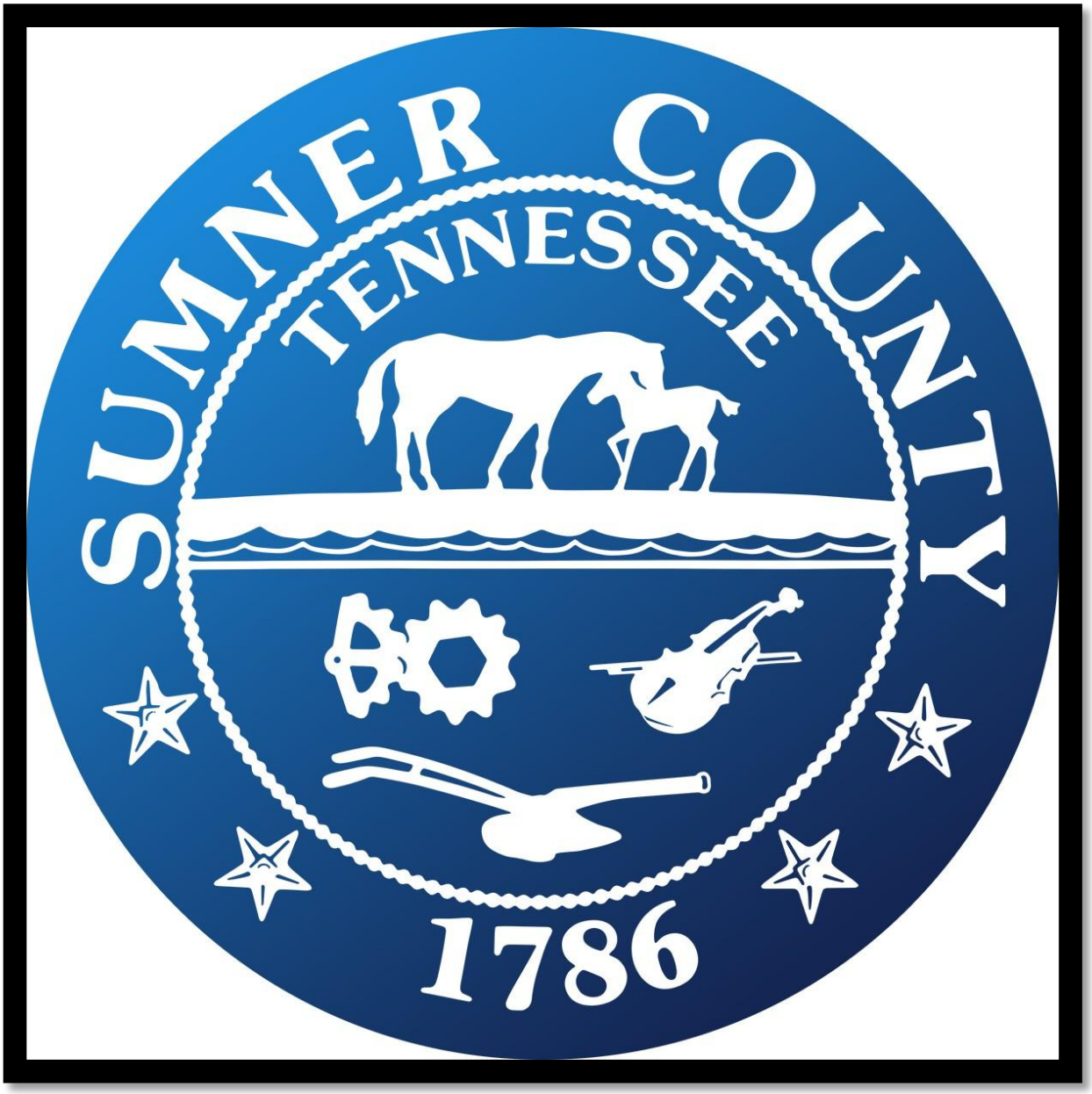

Opioid Settlement

Fiscal Year 2026- 2027 Funding Request

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 Link 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)