

This document is not intended to be submitted as an application to be considered for funding. If you would like to complete an application visit: <https://www.surveymonkey.com/r/LHSHMHC>

## **Wood County Opioid Settlement Funding Request for Proposals 2024-2025**

**1. Name of applying agency/organization:**

**2. Address of applying agency/organization:**

*Include city, state, zip code*

**3. Indicate whether the applying agency/organization has non-profit status:**

Yes

No

Other

Other (if no, please explain why your agency should be deemed eligible to apply for funding)

**4. Applying agency/organization main contact:**

Main contact name

Main contact phone number

Main contact email

**5. Additional contact:**

*(optional)*

Name

Phone number

Email

**6. Additional contact:**

*(optional)*

Name

Phone number

Email

**7. Project Title:**

*What will you call this project?*

**8. Provide a short description of the project (150 word max):**

**9. This is project is:**

*Select one*

A new project/initiative

An expanded existing project/initiative

Support for existing project/initiative

Other (please specify)

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**10. What percent (estimate) of your project will focus on each category you selected?**

*Must equal 100%*

- Prevention
- Harm Reduction
- Treatment
- Criminal Justice
- Law Enforcement
- Recovery
- Community Awareness/Stigma Reduction
- Other (i.e. community grant, or other)

**11. Provide the project goal(s):**

*What do you hope to accomplish with this funding?*

**12. Provide the project objective(s):**

*Do not list specific strategies, but overall concepts of how you will accomplish your goal(s) (e.g. Provide information/education on substance use disorder, reduce barriers to treatment, modify/change policy to ensure department staff have been trained in Narcan administration, etc.)*

**13. Which core strategy does the proposal fall within?**

*If the project does not fall within one of these strategies, skip to the next question.*

1. Broaden access to naloxone
2. Increase use of medications to treat opioid use disorder
3. Provide treatment and support during pregnancy and the postpartum period
4. Expand services for neonatal opioid withdrawal syndrome
5. Fund warm hand-off programs and recovery services
6. Improve care for opioid use disorder in the criminal justice system
7. Enrich prevention strategies
8. Expand harm reduction programs
9. Support data collection and research
- Other (please specify)

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**14. Which other approved uses does the project fall within?**

*If the project does not fall within one of these strategies, please review Exhibit E: List of Opioid Remediation Uses, or direct questions to Ashley Normington:*

*ashley.normington@woodcountymi.gov | 715-421-8923 before August 21, 2024.*

- A. Treatment: Treat Opioid Use Disorder (OUD)
- B. Treatment: Support people in Treatment and Recovery
- C. Treatment: Connect people who need help to the help they need (connections to care)
- D. Treatment: Address the needs of criminal justice-involved persons
- E. Treatment: Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome
- F. Prevention: Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- G. Prevention: Prevent misuse of opioids
- H. Prevention: Prevent overdose deaths and other harms (harm reduction)
- I. Other: First responders
- J. Other: Leadership, planning and coordination
- K. Other: Training
- L. Other: Research
- Other (please specify)

**15. Who is the target population for the project?**

*Example: People who use drugs, families impacted by substance use, employees within a specific community or city, etc.*

**16. What geographic region will this project serve?**

*Examples: Wood County, City of Marshfield, rural Wood County, South Wood County, Nekoosa area, Wisconsin Rapids School District, etc.*

**17. What is the anticipated reach of the project?**

*Estimated number of people your project aims to serve.*

**18. What is the anticipated impact of the project? (250 word max)**

*How will this project affect the target population, general community, or other populations within our community?*

**19. How will the project be evaluated? (250 word max)**

*How much, how many, what difference does it make, what will the impact of the funds be, how will you know you made a difference?*

**20. What are some unintended or unanticipated outcomes that may come as a result of this project that could potentially negatively impact people with opioid use disorder? (50 word max)**

**21. Describe the sustainability plan for this project: (150 word max)**

*How will this project be sustained from year to year (as needed) once opioid funding is not available?*

**22. Describe your agency's/organization's capacity to implement this project: (50 words max)**

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**23. List (if any) collaborations or partners supporting this project and how they are supporting it:**

**24. List (if any) other sources of funding that will or can be leveraged to support this project:**

**25. Total project budget:**

*May be more than amount requested if project requires more funding than this award can provide- how much will it cost to fully fund the project?*

**26. Total amount requested:**

*May be different than total project budget- how much funding are you requesting?*

**27. Project Budget**

*Provide estimated total costs associated with this request. Total should match total amount requested in question 26.*

Salaries \$

Benefits \$

Supplies \$

Equipment \$

Travel \$

Contractual \$

Other \$

**28. Budget Narrative**

*Describe how funding will be used for each funding category listed above and why you feel this is the best use of the funds.*

**29. Do you have any additional comments about this funding proposal?**