



Opioid Abatement Application

Organization Name (Official): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Email: _____ Phone: _____ Fax: _____

Website: _____ 501(c)(3) Yes _____ No _____

Position within Organization: _____

Funding Information:

Funding Amount Requested from Opioid Abatement Funds: \$ _____

Have you been previously awarded Opioid Abatement Funding? Yes _____ No _____

If yes, most recent date: _____

List other funding sources that you have applied to from Hardin County Government? (add attachment if additional space required)

Source	Amount Requested	Amount Confirmed (N/A if pending)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Please provide a brief description of the organization/program:

Describe how funds will be spent: (including treatments, programs, medications, who will be served and how many will be served. Be as specific as possible in number and description).

Funding requested must be relevant to at least one of following strategies: (Choose relevance)

_____ Primary Prevention	_____ Harm Reduction
_____ Treatment	_____ Recovery Support
_____ Education & Training	_____ Research Evaluation of Abatement Strategy Efficacy

Please attach the following:

- 1) A completed Budget Worksheet indicating the funds will be allocated by strategy and the estimated number of individuals served by funds spent.

Name of Authorized Person Submitting This Application:

Name: _____ Title: _____

E-Mail: _____ Phone: _____

- *Applicant may access additional information on Tennessee’s Opioid Abatement Settlement at: https://www.tn.gov/content/dam/tn/mentalhealth/documents/OAC_Remediation_List_Revised_10-10-22.pdf*
- *It is the policy of Hardin County not to discriminate on the basis of race, color, national origin, age, sex, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services and activities.*