

KOSCIUSKO COUNTY OPIOID GRANT APPLICATION

The Kosciusko County Opioid Litigation Settlement Funds Advisory Committee was created under Kosciusko County Resolution 25-02-25-01 adopted by the Kosciusko County Commissioners. The advisory committee will consist of one Commissioner and two County Council members who will review applications and make recommendations to the full body of Commissioners and County Council for their final approval.

Opioid Restricted Settlement Funding can only be awarded to proposals directly related to addressing the opioid epidemic.

ELIGIBILITY

In order to qualify for funding, the organization must fall into one of the following categories:

1. The organization must be a non-profit entity registered as a 501 (C) 3 or 501 (C) 19 working to combat substance use disorder in at least one of the following ways:
 - Prevention Programs
 - Treatment of Opioid Use Disorder
 - Treatment of incarcerated population
 - Expansion of warm hand-off and recovery services

KOSCIUSKO COUNTY OPIOID GRANT APPLICATION

SECTION 1 — APPLICANT INFORMATION

Organization Name: _____

Primary Contact Person: _____

Title/Role: _____

Phone: _____ **Email:** _____

Organization Address: _____

Type of Organization (check one):

Government Agency

Non-Profit (501(c)(3))

Healthcare Provider

Treatment/Recovery Provider

School / Educational Institution

Other: _____

Please provide list of Board of Directors if applicable.

Please provide a copy of your organization's budget.

Have you previously received funding from the Kosciusko County Opioid Fund?

SECTION 2 — PROJECT SUMMARY

Project Title: _____

Requested Funding Amount: \$ _____

Project Start Date: _____ **Project End Date:** _____

Please provide a brief Summary of the Proposed Project:

SECTION 3 — ALIGNMENT WITH ALLOWABLE USES

Which Exhibit E category does this project address? (Check all that apply)

- Treatment & Recovery Services
- Prevention & Harm Reduction
- Criminal-Justice / First-Responder Programs
- Supportive Services
- System Improvements & Infrastructure
- Co-Occurring Mental Health Services

Describe how the project aligns with Exhibit E and Indiana Code 4-6-15:

SECTION 4 — PROJECT DESCRIPTION

Detailed Description of Activities: (Include what will be done, who will be served, and how the project reduces opioid harm.)

Evidence-Based Practices Used (if applicable):

Geographic Area Served:

- Countywide
- Specific Communities:

SECTION 5 — OUTCOME MEASURES

Please list measurable outcomes you will track:

- 1.
- 2.
- 3.

How will outcomes be reported to Kosciusko County?

SECTION 6 — BUDGET

Total Project Cost: \$ _____

Amount Requested from County: \$ _____

Budget Breakdown

Category	Amount	Description
Personnel	\$ _____	_____
Supplies/Materials	\$ _____	_____
Equipment	\$ _____	_____
Contracted Services	\$ _____	_____
Transportation	\$ _____	_____
Other	\$ _____	_____

Will this project require ongoing funding after this grant period? Yes No

Please explain how you would continue the program if additional funding was not available:

SECTION 7 — ORGANIZATIONAL CAPACITY

Please describe your organization's experience with substance-use or public-health programs:

Please list key staff involved and their qualifications:

SECTION 8 — ASSURANCES

By signing below, the applicant certifies that:

- All information provided is accurate.
- Funds will be used **only** for opioid-abatement activities allowed under Exhibit E and Indiana Code 4-6-15.
- Quarterly reporting will be submitted as required.
- Records will be maintained for SBOA audit compliance.

Authorized Representative's Printed Name: _____

Title: _____

Signature: _____

Date: _____

****Please feel free to attach any additional pages necessary.**

SCORING RUBRIC

For Use by the Kosciusko County Opioid Settlement Advisory Committee

Use this rubric to score each application on a 0–5 scale. **5 = Excellent, 4 = Strong, 3 = Adequate, 2 = Weak, 1 = Poor, 0 = Not Addressed**

1. Alignment with Exhibit E & Indiana Code 4-6-15

Weight: 25%

- Does the project clearly fit within allowable opioid-abatement categories?
-
- Is the justification strong and specific?

Score: ____ / 5 Weighted Score: ____ × 0.25 = _____

2. Evidence-Based Approach

Weight: 20%

- Does the project use proven, evidence-based practices?
-
- Are methods clearly described and appropriate?

Score: ____ / 5 Weighted Score: ____ × 0.20 = _____

3. Impact & Measurable Outcomes

Weight: 25%

- Are outcomes clear, measurable, and meaningful?
-
- Will the project reduce opioid misuse, overdoses, or improve recovery?

Score: ____ / 5 Weighted Score: ____ × 0.25 = _____

4. Organizational Capacity

Weight: 15%

- Does the applicant have the staff, experience, and infrastructure to deliver?
-
- Is the project feasible?

Score: ____ / 5 Weighted Score: ____ × 0.15 = _____

5. Budget & Cost Effectiveness

Weight: 15%

- Is the budget reasonable and well-justified?
-
- Does the request reflect responsible use of restricted funds?

Score: ____ / 5 Weighted Score: ____ × 0.15 = _____

TOTAL SCORE

Maximum: 5.0 Total Weighted Score: _____

Committee Recommendation:

- Fund Fully
- Fund Partially
- Do Not Fund
- Request Revisions / Resubmission

Reviewer Name: _____ Date: _____

Reviewer Name: _____ Date: _____

Reviewer Name: _____ Date: _____

To the Kosciusko County Commissioners and Kosciusko County Council:

Pursuant to the Kosciusko County Opioid Committee Resolution establishing the Kosciusko County Opioid Committee has met on the above listed date and recommends as evidenced by their signatures that the application represents a qualifying expenditure from the:

Unrestricted Fund #1237 Restricted Fund # 1238

In the amount of _____.