

OPIOID SETTLEMENT FUNDS

FULTON COUNTY APPLICATION

REQUEST DATE:

REMEDIATION STRATEGY:	PLEASE INSERT A NAME FOR YOUR STRATEGY
<i>Provide a narrative description to help the Commissioners, Committee and the public understand this remediation program. Some examples of helpful information to include:</i> • <i>Service(s) provided</i> • <i>Population(s) served</i> • <i>Current or projected goals, outcomes, or key performance indicators</i> • <i>Description of whether remediation program is evidence-based or evidence-informed</i> • <i>Any notable partnerships, innovations, or unique aspects</i> • <i>Will the remediation program address OUD and any Co-Occurring Substance use disorders and/or Mental health Conditions? If Yes – how does your remediation program address OUD while also addressing co-occurring SUDs/MH conditions?</i>	
TIME FRAME:	WHAT IS THE TIME FRAME, START DATE AND ANTICIPATED COMPLETION
COST:	PLEASE INCLUDE A COST ESTIMATE OR BUDGET
WHO RESPONSIBLE:	PLEASE LIST THE ORGANIZATION THAT WILL BE RESPONSIBLE, CONTACT NAME AND CONTACT INFORMATION
LOCAL STRATEGY:	IF POSSIBLE, PLEASE CONNECT THE REQUEST TO AN EXISTING LOCAL STRATEGY (EXAMPLE: PROJECT SAAFE STRATEGIC PLAN, COMMUNITY HEALTH NEEDS ASSESSMENT, ARC GRANT PLAN, FRANKLIN FULTON DRUG & ALCOHOL LOCAL STRATEGIES, ETC)
EXHIBIT E:	
PLEASE IDENTIFY WHICH AREA(S) OF EXHIBIT E THIS PROJECT WILL SUPPORT. As required, all funding must address one or more of the approved uses as listed Exhibit E to the settlement agreements.	

Feel free to attach any documentation that may support the request. Applicants are encouraged to discuss potential funding requests prior to submission with Franklin Fulton Drug & Alcohol, Project SAAFE or Fulton County Human Services Director. Questions may be directed to Fulton County Human Services Director at 717-485-6767. Applications will be reviewed by the local committee meeting at the next upcoming meeting.

Please email completed applications to Julia Dovey, jdovey@fcfpinc.org