

OPIOID SETTLEMENT GRANT APPLICATION
LAWRENCE COUNTY, PENNSYLVANIA

I.APPLICANT

Name of organization applying: _____

Application Date: _____ Submission Date: _____

Organization/Department Name: _____

Person submitting application: _____

Title: _____ Phone: _____

E-mail: _____

Address: _____ City: _____

State: _____ Zip: _____

II.PROJECT INFORMATION

Project Name: _____

Project Leader: _____

Est. Start Date: _____

Summary of Programming that will be provided:

Desired Outcome: _____

Benefits of Project: _____

Does Project fit into the requirements of Schedule E: Yes No

Is the project Prevention Based, Treatment Based, or Recovery Based? (Check all that apply)

Prevention Based

Treatment Based

Recovery Based

III. Budget

Anticipated/Projected Program Cost: \$ _____

Requested Amount from County: \$ _____

IV. Project Narrative

Attach a comprehensive description of this project. The narrative must specifically address the amount of funding requested. The narrative must also include:

- A. Specific issues to be addressed.
- B. Project description.
- C. Expected outcomes.
- D. Project schedule and key dates.
- E. Project partners.
- F. Documentation to support budget costs.
- G. Program sustainability post-grant award

*Submission of an update report is required for each of the following: 30 days, 60 days, and 90 days of receipt of funding.

Submit all information to:

Joseph Venasco (jvenasco@lawrencecounty.gov)

Phone: (724) 656-2175