

**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@lawrencecountypa.gov](mailto:jvenasco@lawrencecountypa.gov))

Phone: (724) 656-2175