MARSHALL COUNTY OPIOID SETTLEMENT FUNDS

GRANT APPLICATION

1. Legal name of organization: _____
2. Address: _____
3. Contact Person: _____

   Title: _____ Phone #: _____

   Email Address: _____
4. Type of organization: Select one
5. Federal ID# _____
6. Purpose of organization:

7. Project Name: _____
8. Funds requested: _____*(Please attach budget)*
9. Is the program:(*Choose all that apply)*
   ☐ *Treatment based* ☐ *Prevention based* ☐ *Recovery based*

10. Type of Service: Select one

Comments:

Project Narrative

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

Submit all information to:

Breanna Nelson – bnelson@marshallcountyia.gov

Phone: (641) 754-6314