

## Instructions for Submitting Washington County Opioid Settlement Funding Requests

- Eligible entities include businesses, not-for-profit organizations, and tax entities serving Washington County.
- Eligible activities include all items listed in [Exhibit E, Schedule B of the Missouri Department of Mental Health's Detailed list of Approved Uses for Opioid Remediation](#).  
The creation of new positions related to any proposal and/or the purchase of Narcan vending machines or needles/syringes will **NOT** be funded with the Washington County Opioid Settlement monies.
- Complete this proposal to summarize your entity's proposed project. Answer all sections.
- Applicants may submit separate applications for more than one project. **Each application may not exceed \$30,000 per funding request and a maximum of \$100,000 per year.**
- Submit a copy of all supporting documentation for the proposed scope and cost.

Submit completed request and supplemental  
documentation to:

Meramec Regional Planning Commission  
Kelly Sink, Project Development Manager  
[kellysb@meramecregion.org](mailto:kellysb@meramecregion.org)

### Points of contact to email or call:

Contact Person:

Jeanette Allen

County Clerk/Local Election Authority

102 N. Missouri St., Suite C

Potosi, MO 63664

(573) 438-6111, ext. 7704

*Washington County Commission*

*Dave Sansegraw*, Presiding Commissioner

*Doug Short*, 1<sup>st</sup> District Commissioner

*Lynn Portell*, 2<sup>nd</sup> District Commissioner

(573) 438-6111, opt. 1

The Meramec Regional Planning Commission (MRPC) will collect proposals on a rolling basis and review projects for completeness to ensure that activities proposed are eligible under Exhibit E/Schedule B -

Approved Uses for Opioid Remediation. MRPC will submit all projects to the Washington County Commission, along with its administrative review information, for the County to make funding decisions and disburse funds at the next available meeting. The commission regularly meets on Mondays at 9:00 a.m. Applicants will be notified of the meeting date at least one week before the hearing.

***Note: A submission of a proposal is not a guarantee of funding. Washington County maintains the authority to decide which entities, if any, will receive an investment, and the level of investment.***

# WASHINGTON COUNTY OPIOID SETTLEMENT FUNDING REQUEST



## ORGANIZATION INFORMATION

Organization Name:	
Mailing Address:	
Contact Person/Title:	
Phone Number:	
Email:	

## I. EXHIBIT E, SCHEDULE B APPROVED USES

Place a checkmark next to one or more of the applicable Exhibit E, Schedule B subsections below (A – L) that are relevant to the application request. [Exhibit E, Schedule B of the Missouri Department of Mental Health's Detailed list of Approved Uses for Opioid Remediation](#)

	<b>1. Treatment</b>
	A. Treat Opioid Use Disorder (OUD)
	B. Support people in Treatment and Recovery
	C. Connections to Care (connect people who need help to the appropriate services)
	D. Address the needs of the criminal justice-involved persons
	E. Address the needs of pregnant or parenting women and their families, including babies with NAS
	<b>2. Prevention</b>
	F. Prevent over-prescribing of opioids and ensure appropriate prescribing & dispensing of opioids
	G. Prevent misuse of opioids
	H. Harm Reduction (prevent OD deaths and other harms)
	<b>3. Other Opioid Abatement Strategies</b>
	I. First Responders
	J. Leadership, Planning and Coordination
	K. Training
	L. Research

## II. PROJECT OVERVIEW

Please provide a brief description of the project, including an explanation of how the project meets the allowed activities listed in [Exhibit E, Schedule B of the Missouri Department of Mental Health's Detailed list of Approved Uses for Opioid Remediation](#).

## III. STATEMENT OF NEED

Please provide information about why this project is needed and how it relates to the opioid pandemic. (e.g. statistics about the people served, information about community challenges, community involvement, etc.)

#### **IV. PROGRAM/PROJECT DESCRIPTION**

*Please provide as much information about the project as you can provide. (e.g. who will benefit, the area it will serve, how it addresses the needs listed in Section III, etc.)*

#### **V. GOALS & OBJECTIVES**

*Please explain the short-term and long-term goals for the project, how you will meet the goals, and how you will measure the success of the project.*

## VI. TIMELINE

Please provide a timeline for each step of the process.

Activity	Projected Date

## VII. BUDGET DETAILS

Please provide details on costs of proposed activities, items to be purchased, etc. If purchasing items, please attach purchasing information that identifies specifications, cost estimates, and any other pertinent information.

Item Description	Price	Qty.	Total
Total Requested Funds			

## **VIII. BUDGET NARRATIVE**

*Please provide details about each project cost.*

## **IX. ATTACHMENTS**

*Please provide copies of all available project plans, maps, photos, reports, public hearing information, and any other documentation that supports the statements made within the proposal.*

**Applicant's Authorized Signature**

As the authorized signature for this application and organization, I certify that the project meets the eligible activity guidelines and is not being used for revenue replacement or any other ineligible activity. I understand that, if the proposal is approved, I will be required to submit additional documentation for the life of the project such as data gathered, invoices/paid receipts, etc. that may be necessary for the county's audit of the funds.

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Signature

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Printed Name & Title