

Notice of Funding Opportunity (NOFO) Announcement - Treatment & Recovery

Kentucky Opioid Abatement Advisory Commission

PURPOSE:

Kentuckians have been hard hit by the impact of the opioid epidemic, creating numerous challenges for families and communities. In 2021, the Kentucky Opioid Abatement Advisory Commission (KYOAAC) was established by the General Assembly to oversee a trust fund to distribute settlement funds from lawsuits against certain manufacturers and distributors of opioids. The Commission is made up of 11 members, nine voting and two non-voting, who are charged with the distribution of the Commonwealth's portion of settlement funds. The Commission has adopted nationally recognized principles for allocating funds, including use the money to save lives, use evidence to guide spending, invest in youth prevention, focus on equity for impacted communities across the Commonwealth, and create a fair and transparent process. The purpose of this funding opportunity is to provide settlement dollars for prevention focused efforts addressing the opioid epidemic

POPULATION OF FOCUS:

Funds must be used to provide prevention services for individuals who have or are at risk of one of the following:

- Opioid Use Disorder (OUD)
- Opioid Use Disorder (OUD) and comorbid polysubstance use
- Opioid Use Disorder (OUD) and co-occurring mental illness
- Opioid Use Disorder (OUD) and comorbid polysubstance use and co-occurring mental illness

FUNDER:

Kentucky Opioid Abatement Advisory Council through the Kentucky Attorney General's Office.

ELIGIBLE APPLICANTS:

KYOAAC grants are open to any registered entity (for-profit or non-profit) that is in good standing with the Kentucky Secretary of State, as well as counties, cities, towns and other government entities.

FUNDING PRIORITIES FOR TREATMENT & RECOVERY:

Projects submitted under this category should primarily focus on addressing active opioid misuse such as linking individuals to substance use treatment or retaining individuals in substance use treatment. This may include supportive services that help build recovery capital such as workforce development, education, family togetherness, housing, and transportation.

For 2026, the Commission has identified certain priorities within the area of Treatment & Recovery for distribution of settlement funds. Priority consideration will be given to applications that address the following:

- Treatment options that fill a need or service gap not being met in the geographic area.
- Emphasis will be on projects that help link and retain people in treatment or recovery, with priority given to efforts that involve:
 - Supportive Housing
 - Transportation – proposals may not include purchase of vehicles but can include operational costs of vehicles or other transportation support costs.
 - Employment Supports – such as recovery-to-work programs or workforce development efforts.
 - Recovery Community Centers
 - Family Togetherness – such as programs that work to keep families united, take a wholistic approach to recovery, and support kinship care.
 - Programs that specifically address Opioid Use Disorder (OUD) and co-occurring mental illness.
 - Expanded use of Peer Support Specialists
 - Expanded use of Medication for Opioid Use Disorder (MOUD/MAT)

PRIORITY CRITERIA:

While the Commission may consider all areas of the application, they established several criteria they deem to be considered priorities, which include:

- Projects that demonstrate strong collaboration. If collaboration with other organizations is listed, applications must include letters of support, MOAs, or other documentation of that collaboration.
- Projects that expand or enhance services or opportunities. Supplanting, defined as replacing funding of a recipient's existing program with awarded funds, is discouraged.
- Projects involving recovery housing must comply with state accreditation requirements.
- Projects that address or fill service gaps in particular regions.
- While the Commission will consider requests to continue funding provided by previous KYOAAC awards, those requests must decrease by 25 percent of the original funding award. For example, a staff position hired or an operational expense paid for by most recent grant funds may only be supported in this ask by 75% of the previous award amount.

AWARD INFORMATION:

- Funding Mechanism: funding opportunity from Kentucky Opioid Abatement Advisory Commission through the Kentucky Office of the Attorney General
- Award Ceiling: \$1,000,000
- Budget: Submit a 12-month or 24-month budget with anticipated start date of July 2026. Applicants must choose either a 12-month grant cycle or 24-month grant cycle. Applicants may only submit one budget outlining either a 12-month or 24-month plan for the requested project.
- Cost Sharing/Match Requirement: None, however the application requests that additional available funding or match funding be reported to demonstrate sustainability efforts.
- Service Delivery Start Date: To begin no later than 90 days from receipt of contract.
- Reporting Requirements: Awardees must adhere to all statutory and regulatory requirements of KRS 15.291, KRS 15.293, KRS 15.295, KRS 17.160, 40 KAR 9:010, and 40 KAR 9:020 including but not limited to, submit required financial reports, and agree to participate in program evaluation and monitoring activities.

AWARD PARAMETERS:

- Funds cannot be used to purchase land.
- Funds cannot be used or construction or to secure any kind of permits related to construction or renovation.
- The review committee may request budget modifications made prior to award.
- Funds cannot be used to purchase vehicles, but Commissioners can consider innovative transportation models such as voucher programs.
- Proposals should reflect the most effective and sustainable use of funds.
- Multiple agencies can partner in the application process but only one agency may serve as fiscal agent.
- Applicants may submit multiple proposals in this funding category of Treatment & Recovery and can submit in the other funding category of Prevention; however, the projects must be substantially different. If various agencies submit multiple applications to support the same project, the applications will be reviewed collectively.

MULTI-TIERED REVIEW AND SELECTION PROCESS:

Proposals will be screened to ensure that minimum eligibility requirements have been met and that all required documentation has been submitted. Proposals meeting minimum eligibility requirements and that are complete will be reviewed by Kentucky Opioid Abatement Advisory Commission members. Awards will be made on the basis of a majority of votes cast by the commission's voting members.

IMPORTANT DATES:

- NOFO Announcement Release: October 1st, 2025
- Application Window: October 15th, 2025 – December 19th, 2025
- Application Due Date: **December 19th, 2025, 5 p.m. EST**
- Award Decision Notice: April 2026
- Contract Execution: July 2026

APPLICATION SUBMISSION:

The online application will be available on October 15th, 2025, at <https://kyoaac.intelligrants.com/>. and will close on December 19th, 2025. Applications will be submitted using the Intelligrants system (IGX).

NOTE: If your organization does not already have IGX user credentials please e-mail hallie.mattingly@ky.gov. This will be the first step in requesting a new user account. Upon completion of the new user registration, the account will need to be validated and associated with the proper organization prior to accessing the application.

HAVE QUESTIONS?

Notice of Funding Opportunity: Hallie Mattingly at hallie.mattingly@ky.gov

IGX: Hallie Mattingly at hallie.mattingly@ky.gov

By checking this box, you are applying your electronic signature and affirm that you have read the NOFO provided by the Kentucky Opioid Abatement Advisory Commission and the Kentucky Office of the Attorney General

Contact & Organizational Information

Contact Information

	Name	Mailing Address including city, state, & zip	Phone Number	Email
Primary Contact (Organization Representative, Executive Director, CEO, etc.)	test name	test address	(502) 507-8005	hallie@email.com
Secondary Contact (Assistant Director, Treasurer, CFO, etc.)	test name2	test address2	(859) 619-9116	jessie@email.com

Organization Information

Organization Website		website		
Organization Name	Mailing Address	City, State, Zip	Phone Number	Email
org name	org address	org city and zip	(987) 654-3210	org@email.com
Federal Employer I.D. (FEIN)		000000000		
KY Secretary of State Organization I.D. (All awardees must be registered with the KY Secretary of State to do business in Kentucky.)		ID		
Is the organization a charitable nonprofit actively raising funds to support your mission?		Yes		
If yes, is your nonprofit's annual registration up to date with the Office of Consumer Protection, Kentucky Office of the Attorney General?		No If you answer no, you must register in order to receive any award.		
If a non-profit, attach your IRS Letter of Determination (501c3) documents formatted as .pdf required				
Attach your organization's most recent IRS Form 990, if applicable. documents formatted as .pdf required				

Audit Reports

Attach 3 years of audit reports. If no audits are available, please attach other records such as year-end financial statements, tax returns, etc.
documents formatted as .pdf required

FY 2023	
FY 2024	
FY 2025	

If the entity is unable to provide Audit Reports or other financial statements, please explain.

audit

Financial Performance

	FY2023		FY2024	FY2025
Total Revenue	\$12.00		\$34.00	\$56.00
Net Profit/Loss	\$78.00	\$910.00	\$1,011.00	<i>Please enter a loss as a negative number (example -\$25,000)</i>

Revenue Sources and Amounts

	FY2023	FY2024	FY2025
Direct Client Fees for Services	\$1.00	\$2.00	\$3.00
Private Insurance	\$4.00	\$5.00	\$6.00
Medicare	\$7.00	\$8.00	\$9.00
Medicaid	\$10.00	\$11.00	\$12.00
TOTAL	\$22.00	\$26.00	\$30.00

Federal, State, or Local Municipality Funding Received

List funding received by this organization for any project from KORE, ODCP, SAMHSA, or other opioid-specific private, state or federal sources.

Please include county or city abatement funds and any state budget appropriations

Source	Purpose	Amount	Received or Applied For
<i>source</i>	<i>purpose</i>	\$100.00	<i>received</i>
TOTAL			\$100.00

Additional Funding Received

List any additional sources of funding to be used to support this proposal.

Source	Purpose	Amount	Received or Applied For
<i>funding</i>	<i>purpose</i>	\$200.00	<i>received</i>
TOTAL			\$200.00

Outstanding Liens or Court Judgements

Does your organization have any outstanding liens or court judgements? If yes, please explain.		No
Source	Amount	Explanation
<i>source</i>	\$300.00	<i>explanation</i>
TOTAL		\$300.00

Back Taxes Owed

Does your organization owe any back payments to IRS or KY Dept. of Revenue? If yes, please explain.		Yes
Kentucky Department of Revenue		\$400.00
Internal Revenue Service		\$500.00
TOTAL		\$900.00

Background Check Requirements

Does your organization comply with background check requirements from the state or any accreditation process that governs your work? If no, please explain.	Yes	Explanation <i>explain</i>
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Campaign Finance Rules

Does your organization comply with all Kentucky campaign finance rules? If no, please explain.	No	Explanation <i>explain</i>
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Tax & Employment Laws

<p>Per KRS 45A.485, contractors and subcontractors must reveal any final determinations of violations within the previous five (5) year period of the provisions of KRS chapters 136, 139, 141, 337, 338, 341 and 342.</p> <p>Do you have any violations to disclose? If yes, please provide details.</p>	<p>Yes</p>	<p>Explanation</p> <p><i>explain</i></p>
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by checking this box I attest and affirm that all information included in this request for funding is true and accurate.

Loss of Funding

Loss of Funding

Has your organization experienced any loss of funding (i.e. federal, state, or local) during the current fiscal year that affects the program services for which you are submitting this grant application?

If yes, please describe:

- 1) the source(s) of the lost funding
- 2) the amount of funds lost
- 3) how the loss has impacted the specific program or services included in your proposal.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
\$	

Organization Description

Organization Description

Please provide a clear and concise description of your organization that includes but is not limited to:

- Mission Statement or Purpose
- Brief Summary of the Organization's History

Mission Statement or Purpose

mission

Brief Summary of the Organization's History and How it Serves the Community

summary

Project Summary & Impact

Please provide a clear and concise project summary that addresses how you will use award funds for one or more of the specified purposes in KRS15.291(5) <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52961>. Be sure to include a detailed project rationale along with supportive empirical data.

- Project Mission
- How the project fills gaps in existing services
- Whether the project represents an innovation or the replication of an existing treatment or recovery support model. If the latter, what is the comparative advantage of the proposed project compared to known models?

Project Title	<i>title</i>
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Project Summary
<i>summary</i>

Project Impact	
Which category does this project primarily focus on? Choose one (treatment or recovery)	Project Focus Narrative Briefly describe how this project meets this primary focus.
<i>Treatment</i>	<i>narrative</i>

Target Population	
Identify the population served by this proposal. Please highlight any unserved, underserved, and/or vulnerable populations that will be reached.	What is the projected number of individuals to be served within the target population throughout your project?
<i>population</i>	100

Geographic Details	
Primary Location Address (Mailing address including city, state & zip code)	<i>address</i>

Does your organization have a statewide service reach?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Which county(ies) is included in your organization's geographic service area?	<i>Adair County</i>
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Please list up to 5 counties where you anticipate the highest number of clients will receive services or be impacted through this project.

You do NOT have to select 5 counties. For example, if your agency only provides services to 2 counties, only list those 2 counties.

nelson

marion

Goals/Measurable Objectives, Activities & Outcomes

Goals/Measurable Objectives, Activities, & Outcomes

- 1) Goals/Measureable Objectives: What are the measurable goals or objectives of this project? (these will become the expectations of any award)
- 2) Activities: What steps need to be taken to reach the goal?
- 3) Measurements of Success: What measurements will you use to demonstrate success?
- 4) Outcomes: What do you expect the outcomes to be?

MEASURABLE GOALS/OBJECTIVES	ACTIVITIES OR ACTION STEPS	MEASUREMENTS OF SUCCESS	EXPECTED OUTCOMES
<i>goal</i>	<i>action step</i>	<i>success</i>	<i>outcome</i>
<i>goal</i>	<i>action step</i>	<i>success</i>	<i>outcome</i>

Gaps in Services

Describe the gaps in services that exist in your proposed target population or service area.

gaps

Project Rationale

How does this proposal meet the needs of the target population or service area?

rationale

Project Evaluation Plan

Project Evaluation Plan

Including data metrics and assessment frequency, the evaluation plan should measure project outcomes through the entire duration of the award. The evaluation plan and collected data must specify the results of project services. The evaluation plan must be realistic, tied to project objectives, and achievable within the funding period. Please specify:

- Evaluation criteria
- Data metrics being used for project evaluation
- Method of data collection
- Project evaluation/assessment frequency
- Method and frequency of project modifications and/or improvements based on application of evaluation criteria

eval

Methods of Data Collections and Frequency

methods

Evaluation Plan Attachments

Upload any documents or examples of evaluation instruments or tools that will be utilized.

Document Name/Description	Upload documents formatted as .pdf required
<i>attachment</i>	

Project Timeline

Detailed Timeline of Project	
Select whether this project will be 12 or 24 months.	<i>12 months</i>
Please explain why you selected either a 12 or 24 month project timeline.	
<i>explain timeline</i>	
Upload a detailed outline of the steps that will be taken to ensure that this project is launched and completed within your selected timeline.	
<i>Timeline upload must not exceed 2 pages. Only PDF format accepted.</i>	
Document Name/Description	Upload <i>Only PDF format accepted.</i>
<i>e</i>	

Collaboration and Coordination Efforts

Collaboration & Coordination Efforts

Use this space to outline any partnerships, collaborations, or coordination efforts with other entities.

If partnerships are listed, documentation of that collaboration is required (ex. letter of support, proposed MOUs, etc.).

collab

Collaboration & Coordination Efforts Attachments

Document Name/Description	Upload documents formatted as .pdf required
<i>collab attachment</i>	

Sustainability

Sustainability

If this project demonstrates promising or successful outcomes, how do you plan to sustain the work and cover implementation costs after the grant period ends? Outline potential funding sources or partnerships.

Maximum of 3000 characters allowed.

Recovery Ready Recovery Community

Recovery Ready Community		
Is your organization located in a county that has been certified as a 'Recovery Ready Community?'		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Process
Which certified Recovery Ready Community(ies) is your organization located in?	NKY	
Does this proposed project meet a need that was identified in that process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain below.		
Please explain how this proposed project meets an identified need in your community's recovery ready community process.	recovery ready explain	

Optional Additional Attachment

Optional Additional Information	
Applicants may use this page to upload any pertinent documents including additional justifications, letter of support or agreement, collaborations, partnerships, information regarding other donors, or any other information the applicant feels would be beneficial in the determination of this award.	
Attachment Description	Upload documents formatted as .pdf required
<i>optional attachments</i>	

Staff Salaries & Fringe

Staff Salaries

IMPORTANT: After completing the Staff Salaries section - Click the **SAVE BUTTON** before moving on to the next section (*Staff Fringe*)

REMINDER: Please align your budget with the 12- or 24-month grant cycle you selected.

Name <small>if someone currently holds this position please enter that person's name. If, however, this is a new position please enter TBD</small>	Title	New or Existing	Annual Base Salary	Basis	% of Time Spent on Project <small>enter as decimal - maximum value = 1.0</small>	Annual Cost
staff1	title1	new	\$30,000	Per Year	1.000	\$30,000
staff2	title2	existing	\$31,000	Per Year	0.500	\$15,500
					Total:	\$45,500

Staff Detail Budget Narrative

This section will populate after the Save button is hit above.

Name	New or Existing	Budget Justification/Narrative <small>please provide a detailed description of the activities and responsibilities of this position.</small>
staff1	new	staff explained
staff2	existing	staff2 explained

Staff Fringe

This section will populate after the Save button is hit above.

Additionally, the Annual Fringe Cost will calculate when the SAVE BUTTON is clicked again.

Staff Name	Title	Annual Base	Rate (%)	Annual Fringe Cost
staff1	title1	\$30,000	0.1000	\$3,000
staff2	title2	\$15500	0.4000	\$6,200
Personnel Cost:		\$45,500	Total Fringe Cost:	\$9,200

TOTAL Salary & Fringe

TOTAL ANNUAL STAFF	<i>\$45,500</i>
TOTAL ANNUAL FRINGE	<i>\$0</i>
TOTAL ANNUAL STAFF SALARY & FRINGE	<i>\$45,500</i>

Consultant/Contractual/General Contractor Services

Consultant/Contractual/General Contractor Services

- Describe the services that are needed and the cost of those services
- Attach any bids that have been secured

Name of Provider/Vendor	Amount	Description of Service to Be Provided
<i>contract</i>	\$10,000	<i>contract explain</i>
<i>contract2</i>	\$15,000	<i>contract2 explain</i>
TOTAL		\$25,000

Consultant/Contractual/General Contractor Services Attachments

Document Name/Description	Upload documents formatted as .pdf required
<i>contract attachment</i>	

Training & Travel

Training & Travel

200 KAR 2:006 Kentucky State Employee Travel Regulations should be used for travel rate computations

<https://apps.legislature.ky.gov/law/kar/titles/200/002/006/>

In the Description Column please provide the method of computation and a description of the training and travel.

The amount entered in each category should be the category total for the travel line item (i.e. lodging will be the total amount of lodging for the duration of the travel - for example lodging for a training lasting 5 nights would be calculated as the amount of per night stay times the number of nights = total lodging (5 nights x \$175 per night = \$875 for the trip)

Mileage and Reimbursements must follow the Finance and Administration Cabinet's State Guide for Travel. Federal calculations will not be accepted.

Click here to check reimbursement rates: <https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-services/Pages/state-employee-travel.aspx>

- # of miles multiplied by mileage reimbursement rate
- Lodging rate multiplied by number of nights
- Airfare rate
- Per diem computation should be broken down by each meal (breakfast, lunch, dinner) and computed using the meal rate established in the Kentucky State Travel Regulation
- Name of training
- Summary of training agenda
- Training dates and location

Name	Mileage	Lodging	Transportation	Per Diem	Total
travel1	\$100	\$300	\$500	\$700	\$1,600
travel2	\$200	\$400	\$600	\$800	\$2,000
				TOTAL	\$3,600

Travel Detail Budget Narrative

This section will populate after the save button is hit above.

Name	Budget Justification/Narrative Please provide a detailed description of the training/travel requested. Include things such as who, what, when, where, why, how, how many, purpose of training/travel, etc.
<i>travel1</i>	<i>narrative</i>
<i>travel2</i>	<i>narrative2</i>

Operational Expenses

Operational Expenses

Please provide a detailed description/accounting of how the funding you are requesting will be used.

General requests without a description of the specific use of funds will not be considered.

REMINDER: Please align your budget with the 12- or 24-month grant cycle you selected.

Operational Expense	Amount	Description
<i>op expense</i>	\$800	<i>op describe</i>
TOTAL		\$800

Equipment

Equipment

- Minimum Threshold to be considered equipment is \$5,000
- Political Subdivisions Must Follow Procurement Process
- Upload Price Quotes that have been secured
- Please be as detailed in the description of the item to be purchased as possible

Please provide detailed descriptions on how this equipment advances the project goals

REMINDER: Please align your budget with the 12- or 24-month grant cycle you selected.

Equipment	Amount	Description
<i>equipment1</i>	<i>\$50,000</i>	<i>describe</i>
<i>equipment2</i>	<i>\$55,000</i>	<i>describe</i>
TOTAL		\$105,000

Equipment Attachments

Upload any price quotes, equipment descriptions, etc.

Document Name/Description	Upload <i>documents formatted as .pdf required</i>
<i>equipment attachment</i>	

Supplies & Materials

Supplies & Materials

Political Subdivisions Must Follow Procurement Process

REMINDER: Please align your budget with the 12- or 24-month grant cycle you selected.

Materials	Amount	Description
materials1	\$150	material describe
materials2	\$250	material describe2
TOTAL		\$400

Supplies & Materials Attachments

Upload price quotes that have been secured

Document Name/Description	Upload documents formatted as .pdf required
materials attachment	

Budget Summary

Budget Summary

- 12-month OR 24-month budget summary. You may only submit ONE budget.
- Total Budget MUST not exceed \$1,000,000.

Name of Organization	<i>org name</i>
Name of Project	<i>title</i>
PROJECT BUDGET	
Cost Category	Funding Requested
Staff Salary	\$45,500
Staff Fringe Benefits	\$9,200
Consultant/Contractual/General Contractor Services	\$25,000
Training & Travel	\$3,600
Operational Expenses	\$800
Equipment	\$105,000
Supplies & Materials	\$400
GRAND TOTAL	\$189,500

Application/Award Summary_

Organization		Total Amount	
<i>org name</i>		\$189,500.00	
Address	City, State, Zip	Phone	Email
<i>org address</i>	<i>org city and zip</i>	(987) 654-3210	<i>org@email.com</i>
Contact Information			
Primary	<i>test name</i>	<i>test address</i>	<i>hallie@email.com</i> (987) 654-3210
Secondary	<i>test name2</i>	<i>test address2</i>	<i>jessie@email.com</i> (859) 619-9116
Is the organization a charitable nonprofit actively raising funds to support your mission		Yes	If Yes, is your nonprofit's annual registration up to date with the Office of Consumer Protection, Kentucky Office of the Attorney General? Yes
Federal Tax I.D. (FEIN)	000000000	KY Secretary of State I.D.	ID
Financial Performance			
	FY2023	FY2024	FY2025
Total Revenue	\$12.00	\$34.00	\$56.00
Net Profit/Loss	\$78.00	\$910.00	\$1,011.00
Revenue Sources and Amounts			
	FY2023	FY2024	FY2025
Direct Client Fees for Services	\$1.00	\$2.00	\$3.00
Private Insurance	\$4.00	\$5.00	\$6.00
Medicare	\$7.00	\$8.00	\$9.00
Medicaid	\$10.00	\$11.00	\$12.00
TOTAL	\$22.00	\$26.00	\$30.00
Federal, State or Local Municipality Funding Received			

Source	Purpose	Amount	Received or Applied For
<i>source</i>	<i>purpose</i>	\$100.00	<i>received</i>
TOTAL		\$100.00	

Additional Funding Received			
Source	Purpose	Amount	Received or Applied For
<i>funding</i>	<i>purpose</i>	\$200.00	<i>received</i>
TOTAL		\$200.00	

Outstanding Liens or Court Judgements		
Does Your organization have any outstanding liens or court judgements? If Yes, please explain		No
Source	Amount	Explanation
<i>source</i>	\$300.00	<i>explanation</i>
TOTAL		\$300.00

Back Taxes Owed		
Kentucky Department of Revenue	Internal Revenue Service	TOTAL TAXES OWED
\$400.00	\$500.00	\$900.00

Background Check Requirements		
		Explanation
Does your organization comply with background check requirements from the state or any accreditation process that governs your work? If no, please explain	Yes	<i>explain</i>

Campaign Finance Rules		
		Explanation
Does your organization comply with all Kentucky campaign finance rules? If no, please explain	No	<i>explain</i>

Tax & Employment Laws

		Explanation
<p>Per KRS 45A.485, contractors and subcontractors must reveal any final determinations of violations within the previous five (5) year period of the provisions of KRS chapters 136, 139, 141, 337, 338, 341 and 342.</p> <p>Do you have any violations to disclose? If yes, please provide details.</p>	Yes	<i>explain</i>

Funding Loss

Source of Funding Loss	Amount of Loss	Impact To Program
	\$0.00	

Mission Statement

mission

Organization's History & How it Served the Community

summary

Project Title	<i>title</i>
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Project Summary

summary

Project Impact

<p>Which category do you believe this project primarily focuses on? Choose one (Treatment or Recovery Supports)</p>	<i>Treatment</i>
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Project Focus Narrative	<i>narrative</i>
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Target Population

<p>Identify the population served by this proposal. Please highlight any unserved, underserved, and/or vulnerable populations that will be reached</p>	<p>Projected Number of Individuals to be served within the target population throughout your grant award?</p>
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<i>population</i>	100
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Geographic Details

Primary Location Address	<i>address</i>
Which county(ies) is included in your organization's service area?	<i>Adair County</i>
Please list up to 5 counties where you anticipate the highest number of clients will receive services or be impacted through this project.	<i>nelson marion</i>

Goals/Measurable Objectives, Activities, & Outcomes

Goals/Measurable Objectives	Activities	Measurement of Success	Outcomes
<i>goal</i>	<i>action step</i>	<i>success</i>	<i>outcome</i>
<i>goal</i>	<i>action step</i>	<i>success</i>	<i>outcome</i>

Gaps in Services

gaps

Project Rationale

rationale

Will your project be 12 or 24 months?	<i>12 months</i>
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Please explain why you selected either a 12 or 24 month project timeline.

explain timeline

Project Evaluation Plan

eval

Methods of Data Collections and Frequency

methods

Collaboration & Coordination Efforts

collab

Sustainability

If this project demonstrates promising or successful outcomes, how do you plan to sustain the work and cover implementation costs after the grant period ends? Outline potential funding sources or partnerships.

Recovery Ready Community

Which certified recovery ready community is your organization located in?	<i>NKY</i>
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<p>Does this project meet a proposed need that was identified in the certification process?</p>	
<p>Please explain how this proposed project meets an identified need in your community's recovery ready community process.</p>	<p><i>recovery ready explain</i></p>
<p>Which county seeking Recovery Ready Community Certification is your organization located in?</p>	

Budget

STAFF SALARIES

Name	Title	New or Existing	Amount
<i>staff1</i>	<i>title1</i>	<i>new</i>	<i>\$30,000</i>
<i>staff2</i>	<i>title2</i>	<i>existing</i>	<i>\$15500</i>
TOTAL			<i>\$45,500</i>

STAFF DETAIL BUDGET NARRATIVE

Name	Budget Justification/Narrative
<i>staff1</i>	<i>staff explained</i>
<i>staff2</i>	<i>staff2 explained</i>

STAFF FRINGE

Name	Title	Amount
<i>staff1</i>	<i>title1</i>	<i>\$3,000</i>
<i>staff2</i>	<i>title2</i>	<i>\$6200</i>
TOTAL		<i>\$9,200</i>

CONSULTANT/CONTRACTOR/GENERAL CONTRACTOR SERVICES

Name of Provider/Vendor	Amount	Description of Services to Be Provided
<i>contract</i>	<i>\$10,000</i>	<i>contract explain</i>
<i>contract2</i>	<i>\$15000</i>	<i>contract2 explain</i>

TOTAL	\$25,000
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TRAINING & TRAVEL

Travel Description	Mileage	Lodging	Transportation	Per Diem	Total
<i>travel1</i>	\$100	\$300	\$500	\$700	\$1,600
<i>travel2</i>	\$200	\$400	\$600	\$800	\$2000
				TOTAL	\$3,600

TRAINING & TRAVEL DETAIL BUDGET NARRATIVE

Name	Budget Justification/Narrative
<i>travel1</i>	<i>narrative</i>
<i>travel2</i>	<i>narrative2</i>

OPERATIONAL EXPENSES

Item	Amount	Description
<i>op expense</i>	\$800	<i>op describe</i>
TOTAL	\$800	

EQUIPMENT

Item	Amount	Description
<i>equipment1</i>	\$50,000	<i>describe</i>
<i>equipment2</i>	\$55000	<i>describe</i>
TOTAL	\$105,000	

SUPPLIES & MATERIALS

Item	Amount	Description
<i>materials1</i>	\$150	<i>material decribe</i>
<i>materials2</i>	\$250	<i>material describe2</i>
TOTAL	\$400	

BUDGET SUMMARY

Category	Total Amount
STAFF SALARIES	\$45,500
STAFF FRINGE	\$9,200
CONSULTANTS/CONTRACTUAL/GENERAL CONTRACTOR	\$25,000
TRAINING & TRAVEL	\$3,600

OPERATIONAL EXPENSES	<i>\$800</i>
EQUIPMENT	<i>\$105,000</i>
SUPPLIES & MATERIALS	<i>\$400</i>
Total Budget	<i>\$189,500</i>