

Jasper County Opioid Settlement Application for Funding

Opioid Settlement Project Title:
Requested amount: \$
A detailed project budget (bids) must be included.

Organization:
DBA:
Federal Tax ID: (Must provide W9.)
Address:
Contact and title:
Telephone:
Email:
Website:
<p>Is your organization a licensed substance abuse treatment facility located in Jasper County? Yes or No (Please include supporting documentation)</p> <p>Do you employ staff for substance abuse treatment?</p> <p>Description of the organization:(list the year established, mission, services, board of directors, work with substance abuse treatment, # substance treatment employees on staff, work with Jasper County Cares or the Community Health Plan, etc.)</p>

<p>Does or has your organization receive funding from other sources for this project?</p> <p>If yes, who and how much?</p>
<p>Is this a capital or program request? Capital or Program</p> <p>If this is a capital project, please submit supporting documentations such as bids and floor plans and how it relates with substance treatment.</p>
<p>Project focus area: Prevention, Abatement, or Treatment</p>

Describe in detail the plan of implementation for the project (is this a new or existing program):
The target population to be served in Jasper County:
Estimated # of people to be served in Jasper County:
Timeline for the project and the completion of this project:
(Attachments are allowed.)
Describe in detail how the funds will be used (for opioid prevention or treatment)
Describe how will this project impact Jasper County with opioid prevention or treatment:
Other comments:

I certify that I am a signatory authority representing a substance abuse treatment organization located in and serving Jasper County residents. If awarded funding, the funds must be used for an approved Opioid Remediation Use for residents of Jasper County, and any misuse of such funds may result in legal action. (See Exhibit #1 for approved Opioid Remediation Uses).

 Print Name and Title

 Signature of Director/Chair or Signatory Authority

 Date

Jasper County Opioid Settlement Committee Plan of Implementation “The Plan”

Procedure for Opioid Settlement Funds:

1. Deadlines will be established by the Opioid Settlement Committee and posted on the website, Jasper County’s Facebook, and in the Jasper County Cares meetings.
2. The Jasper County Opioid Settlement Committee will set guidelines or priorities for funding in Jasper County and publish with the grant deadlines on the website.
3. All funding requests must be from an organization located in Jasper County, and the funds for programs are intended to serve Jasper County residents.
4. Return the completed application and required documentation by the deadline. Additional sheets and attachments are acceptable.
5. The Jasper County Opioid Fund Committee will meet and review the applications.
6. If qualified and the committee chooses to consider the project, the Jasper County Opioid Fund Committee may request the organization’s presence at a meeting.
7. A decision by the committee for recommendation will be made within 2 weeks of the meeting date to determine eligibility, whether to recommending to fund or not to fund, or a request for additional information.
8. The Opioid Settlement Committee will make recommendations to the Jasper County Board of Supervisors for approval. The organization will be notified of the date of the meeting (Tuesdays at 9:30 AM located at the Jasper County Courthouse).
9. If funding is issued, the organization will be required to complete a W9 with the Jasper County Auditor’s Office.
10. The organization’s W9, agreement, and all required paperwork including an agreement will need to be signed by a signatory authority and returned to the Jasper County Auditor’s office located on the 2nd floor in the Courthouse.
11. A progress report will be due to the Jasper County Auditor quarterly from the receipt of funds until the project is complete. See the dates on the form. (Exhibit C)
12. Funds must be spent within the designated timeline approved by the committee or a payback to the County may be required. If additional time is needed for the project, the organization must submit a request in writing to the address above for approval before the end of the agreement.
13. The deadline for fund consideration will be TBD
14. If or when additional funding is available, future deadlines will be determined.
15. Exhibit 1 includes a list of all allowable projects, and all projects must meet the requirements.
16. The application and Exhibit 1 will be located on the Jasper County website and a hard copy at the address listed above.
17. Promotion about the funds will be on the Jasper County website, a press release to the media, the social media accounts, and the Jasper County Cares Coalition meetings and Facebook account. We strongly encourage awarded organizations to promote funding received on their social media, press releases, and websites. Organizations should include information on publications that include “Funded by Jasper County Opioid Settlement Funds”.
18. The committee may choose areas that they feel are most needed in Jasper County or a gap in service for Jasper County
19. Organizations will be allowed to apply for more than one project, more than one time, as long as funding is available.
20. Disclaimer: The funds should not be considered ongoing, and organizations should

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explore other avenues for future sustainability.
21. For any questions or concerns, please contact Becky Pryor at bpryor@jasperia.org.

Exhibit C- SAMPLE REPORT

Jasper County Opioid Settlement Funds Quarterly Report

Quarterly reports are due:

- January- March, due April 15th
- April-June, due July 15th
- July-September, due October 15th
- October-December, due January 15th

Reports are due to the Jasper Co. Auditor, Jenna Jennings, jjennings@jaspercounty.iowa.gov

Opioid Settlement Funds Project Quarterly Report:

Organization:	
Date of report:	Agreement dates:
Name and Title:	
Email:	
Amount of Opioid funds awarded: \$	
Amount of Opioid funds spent this quarter: \$ (Submit itemized expense report for the quarter.)	
Amount of Opioid funds left after this quarter: \$ Do you project that your organization can spend the funds by the agreement deadline?	
Describe how the funds have been used during this quarter including What services were provided?	
Estimated # of people served this quarter:	
Tell a positive impact story about the funds used:	
How is your program helping with the Opioid prevention or treatment in Jasper County?	
Any barriers or concerns? yes or no If yes, describe.	
Is the project complete?	
Other comments:	

I have completed this report to the best of my knowledge.

Name: _____

Date: _____

- Feel free to attach additional sheets.
- Attach the detailed expense report.