

# Wyoming County Opioid Settlement Funds Application

## Organization Information

<b>Organization Name:</b>	<b>Primary Contact Person:</b>
<b>Address:</b>	<b>Email:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Federal Identification Number:</b>	<b>Project Name:</b>
<b>Total Amount Requested:</b>	<b>Expected Program Start Date:</b>

**Project Narrative:** Please describe your organizations proposed project. Be as specific as possible. Applications will be reviewed by the Wyoming County Opioid Settlement Committee.

**In your narrative, please address each of the following:**

- What is the project/program?
- How does this project relate to Exhibit E?
- What are your company's qualifications in providing this service?
- Where will this project/program take place?
- Is this project/program new, existing, or a modified/expanded project/program?
- How will your organization measure the project/program impact?
- What is the proposed timeline for this project/program?
- How will the project/program be sustained after the settlement funds?
- What is the total cost of the proposed project/program?

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**Project Narrative (Please provide a general narrative for your project/program)**

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**Reducing Opioid Use (Please describe how your project will reduce the use of substance abuse)**

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**Project Evaluation (Please describe how you plan to measure your project's outcome)**

