

Monroe County Opioid Advisory Council Request for Proposals

MCOAC Community Grant Fund

*The Monroe County Opioid Abatement Council (MCOAC) is accepting proposals for Local Community Grants from organizations located in Monroe County, Tennessee to **implement opioid abatement remediation strategies**. These strategies include Primary Prevention, Harm Reduction, Treatment, Recovery Support, Education & Training for Research, or Evaluation of Abatement Strategy Efficacy for those residing in Monroe County, Tennessee and the surrounding area(s).*

The Monroe County Opioid Advisory Council (MCOAC) has been created by community stakeholders and the Monroe County Mayor, Mitch Ingram, in an effort to use and disperse opioid settlement money distributed to Monroe County by the State of Tennessee and the Tennessee Opioid Abatement Council.

GENERAL CONDITIONS

MCOAC will support programs or projects occurring from July 1 through June 30. We are providing the following guidelines to assist you as you prepare your proposal.

Application deadline- Completed applications and attachments must be submitted to the Monroe County PWC, postmarked no later than February 16, 2024.

Project Period: Funding term for selected proposals is expected to start July 1, 2024. Duration is flexible based on Proposer's demonstrated need, timing of the program and OAC approval for either 12 months or 24 months.

Funding Amount: The MCOAC has not set a maximum funding amount for each approved application, though requests should be reasonable based on the following guidance:

- Proposers should research industry standard reimbursement and/or funding rates for the projects and/or programs in which they are seeking funding
- The OAC reserves the right to deny applications if the requested amount exceeds the current range of reimbursement or funding for the program in Tennessee.

Allocations: Funding allocations will be awarded on the basis of how well a Proposer addresses guidelines and criteria of this Announcement of Funding. The actual amount available for a Grant Contract may vary depending on the number and quality of proposals received.

Subject to Funds Availability: Grant contracts awarded as a result of this Announcement of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the Opioid Abatement Council reserves the right to terminate Grant Contracts upon written notice to the Grantee.

Grant Contract Requirements: Grant contracts awarded as a result of this Announcement of Funding must comply with all applicable contract requirements and the Proposers application and will be subject to both programmatic and fiscal monitoring.

Semi-Annual Reports: Grantees will submit Semi-Annual Reports to the Opioid Abatement Council Office on a template prescribed by the Council. This report template will be made available to the Grantees and due for submission no later than February 15, 2024. (Reporting timeline:

YR 1

September 1, 2024- January 31, 2025 –Report Due February 15, 2025

February 1 2025 - August 31, 2025 –Report Due September 15, 2025

YR 2

September 1, 2024- January 31, 2025 –Report Due February 15, 2025

February 1 2025 - August 31, 2025 –Report Due September 15, 2025

Proposal Selection: The Opioid Abatement Council will notify all Proposers informing them of the outcome of either selected for contracting or not selected for contracting by the end of May 2024.

Proposal Preparation: The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

Grant contracts awarded as a result of this Announcement of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the MCOAC reserves the right to terminate Grant Contracts upon written notice to the Grantee.

The following Coordinator shall be the main point of contact for this grant:

Coordinator: Gabbie McConkey

E-mail address: gabbie.mchc@gmail.com

Payment will be made to grantees upon approval in lump sum within 30 days of award announcements.

Grant Guidelines

- 1) **Eligibility-** project must serve and be carried out within Monroe County Limits and be (or be partnered with a 501(c)3 organization.
- 2) **Restrictions-** Political and fraternal organizations, nor individuals are eligible to receive grant funds.
- 3) Applicants are encouraged to attend annual Town Hall meeting(s).

GRANT APPLICATION

Legal Name of Organization: _____

DBA, if different: _____

Mailing Address of Organization: _____

City _____ State _____ Zip _____

Physical Address (if different):

City _____ State _____ Zip _____

Date of Incorporation: _____

501c(3) status _____

Tax ID/ EIN/ IRS Standing: _____

Contact Person: _____

Contact Person's Title: _____

Telephone #: (_____) _____ - _____

Email: _____

Organization Website: _____

Other organization online sites/platforms/apps/etc: _____

Mission statement and services provided by your organization:

Geographic area served: _____

Target population for grant: _____

Organizations total annual budget: _____

% of your organization's income that goes towards your organization's mission: _____

Number of employees: _____

Full Time: _____ Part Time: _____ Contracted: _____

Number of Volunteers: _____

IMPACT

The citizens of Tennessee are experiencing epidemic levels of addiction, overdoses, and death secondary to opioid use disorder. Therefore, having a positive impact on Tennessee's opioid crisis is imperative. The responses below should explain how the project will impact Tennesseans and define the target population (including age and other relevant demographic information). (400- word limit for this section)

1) How many persons will be impacted? How will they be affected and for how long do you expect the impact to last?

2) How will your organization measure the success of the project? What outcomes will you track and what will be the frequency of assessment?

FEASIBILITY

The response in this section should describe the applicant’s management plans such as supervision of the program, qualifications of management and staff, etc. (400-word limit for this section)

1) Please describe your business and/or management plan for the proposed project. (Organizational chart, evaluation)

2) Please provide information about staff and resources allocated to the project and available infrastructure.

SUSTAINABILITY

The applicant must consider if and how the proposed project will continue once abatement funding has ended. In this section, please explain if you intend to extend the project past the abatement funding period. What strategies do you plan to employ to ensure sustainability? (300-word limit for this section)

1) Does this organization plan to extend this project beyond the funding period? a. If so, what will be the funding mechanism(s) to continue the project?

2) What percentage of the proposed project's budget will be carried by abatement funding? What are the other sources of funding for the proposed program?

Sources of funding and support for your organization (current and/or anticipated):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please report (1) success story from a previous project or program of your organization:

Total funding request: \$ _____

Using Attachment A, provide a detailed, itemized and narrated budget for the total MCOAC project request with the following line items:

- Salaries
- Benefits & Taxes
- Professional Fees (certifications, accounting, trainers, contracted positions, etc.)
- Supplies
- Telephone
- Postage & Shipping
- Occupancy
- Equipment Rental & Maintenance
- Printing & Publications
- Travel/ Conferences & Meetings (mileage, lodging, perdiem, registration fees, etc.)
- Interest
- Insurance
- Specific Assistance To Individuals
- Depreciation
- Other Non-Personnel (marketing, programmatic needs, curricula, etc.)
- Capital Purchase
- Indirect Cost (% and method)
- In-Kind Expense

Period of time in which funds will be used: from _____ through _____

Project Name : _____

Collaborative partners/Project Consortium, please attach Letter of Support from each partner:

Select the strategy that bests fits this project:

- a. Primary Prevention
- b. Harm Reduction
- c. Treatment
- d. Recovery Support
- e. Education/ Training
- f. Research or Evaluation of Abatement Strategy Efficacy

Certification of Truth

I, _____, hereby attest that all information provided in this community grant fund application is accurate and true to the best of my knowledge, and furthermore that I have been granted authorization and responsibility to submit this application, as well as any additional information that may be requested by the MCOAC throughout the review process, on behalf of the earlier named organization and/or collaborative consortium.

Signature, Title

Date

Submission Instructions:

Please submit the completed grant application along with the attachments listed below via **postal mail ONLY** to the following address:

Monroe County Prevention & Wellness Coalition
Attn: MCOAC
P.O. Box 715
Madisonville TN 37354

Applications received via any other method will not be reviewed or scored.

Application Deadline- February 16, 2023 at 11:59 P.M.

Requested Attachments:

- *List of Board of Directors*
- *Project Budget (Attachment A, B and C if applicable)*
- *Your 501c(3) nonprofit status exemption letter from the IRS if applicable and IRS status document*
- *Organizational Chart*
- *Letters of Support for Consortium/ Collaboration Partners*
- *Certificate of Truth*

Attachment A: GRANT BUDGET SUMMARY

EXPENSE OBJECT LINE-ITEM CATEGORY		YR 1	YR 2	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes			
4, 15	Professional Fee, Grant & Award			
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications			
11. 12	Travel, Conferences & Meetings			
13	Interest			
14	Insurance			
16	Specific Assistance To Individuals			
17	Depreciation			
18	Other Non-Personnel			
20	Capital Purchase			
22	Indirect Cost			
24	In-Kind Expense			
25	GRAND TOTAL			

Attachment B: YEAR 1 GRANT BUDGET LINE-ITEM DETAIL	
SALARIES, BENEFITS & TAXES	AMOUNT
Salaries	
Benefits and Taxes	
TOTAL SALARIES, BENEFITS & TAXES	
PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Professional Fees	
Grant and Award	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL PROFESSIONAL FEES	
SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Supplies	
Telephone	
Postage and Shipping	
Occupancy	
Equipment Rental and Maintenance	
Printing and Publication	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL SUPPLIES	
TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Local Travel	
Training and Conferences Attended by Staff	
Conferences and Training Provided by Agency	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL TRAVEL, CONFERENCES & MEETINGS	
INTEREST	AMOUNT

Interest	
TOTAL INTEREST	
INSURANCE	AMOUNT
Insurance	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL INSURANCE	
SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Specific Assistance to Individuals	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL SPECIFIC ASSISTANCE TO INDIVIDUALS	
TOTAL DEPRECIATION	
OTHER NON-PERSONNEL	AMOUNT
Other Non-personnel	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL OTHER NON-PERSONNEL	
CAPITAL PURCHASE	AMOUNT
Capital Purchases	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL CAPITAL PURCHASE	
INDIRECT COST	AMOUNT
Indirect Cost	
TOTAL INDIRECT COST	
IN-KIND EXPENSES	AMOUNT
In-kind Expenses	
TOTAL IN- KIND EXPENSES	

Attachment C: YEAR 2 GRANT BUDGET LINE-ITEM DETAIL	
SALARIES, BENEFITS & TAXES	AMOUNT
Salaries	
Benefits and Taxes	
TOTAL SALARIES, BENEFITS & TAXES	
PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Professional Fees	
Grant and Award	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL PROFESSIONAL FEES	
SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Supplies	
Telephone	
Postage and Shipping	
Occupancy	
Equipment Rental and Maintenance	
Printing and Publication	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL SUPPLIES	
TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Local Travel	
Training and Conferences Attended by Staff	
Conferences and Training Provided by Agency	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL TRAVEL, CONFERENCES & MEETINGS	
INTEREST	AMOUNT

Interest	
TOTAL INTEREST	
INSURANCE	AMOUNT
Insurance	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL INSURANCE	
SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Specific Assistance to Individuals	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL SPECIFIC ASSISTANCE TO INDIVIDUALS	
TOTAL DEPRECIATION	
OTHER NON-PERSONNEL	AMOUNT
Other Non-personnel	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL OTHER NON-PERSONNEL	
CAPITAL PURCHASE	AMOUNT
Capital Purchases	
Insert row(s) above as Necessary; Hide any Row(s) not Budgeted	
TOTAL CAPITAL PURCHASE	
INDIRECT COST	AMOUNT
Indirect Cost	
TOTAL INDIRECT COST	
IN-KIND EXPENSES	AMOUNT
In-kind Expenses	
TOTAL IN- KIND EXPENSES	