



## **Mississippi Opioid Settlement Fund Advisory Council Grant Application 2025**

### **SECTION 1: Contact Information**

#### **Applicant Contact Information**

Legal Name:

DBA (if applicable):

Mailing Address:

Telephone:

Website:

#### **Applicant Organization Leadership Information**

Name:

Title/Position:

Mailing Address:

Telephone:

Email:

#### **Program Director Contact Information**

Name:

Title/Position:

Mailing Address:

Telephone:

Email:

#### **Financial Director Contact Information**

Name:

Title/Position:

Mailing Address:

Telephone:

Email:

## **SECTION 2: Eligibility**

Please indicate “Yes” or “No” for the following statement about the applicant’s proposed project:

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	The proposed project will treat, prevent, surveil, or reduce opioid use disorder or otherwise remediate the harmful effects of the opioid epidemic in the State of Mississippi.

## **SECTION 3: Licensure**

Please indicate “Yes” or “No” for the following statement about the applicant organization:

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	The applicant organization has previously had a required license or certification revoked by the issuing agency.

## **SECTION 4: Funding Amount Requested**

Amount requested for this application:

## **SECTION 5: Proposal Narrative**

Attach a detailed description of the specific objectives of the proposed project for which the Applicant seeks grant funding. Excluding any attachments, your narrative may not exceed 10 pages, double spaced, and must include the following information:

- 1) Identify the nature and scope of the problem the proposed program or project will address. Cite sources for any data provided;
- 2) Identify the type of harm caused by the opioid crisis;
- 3) Identify the population to be served;
- 4) Identify the geographic area the project will serve by County;
- 5) Identify the number of people expected to be served with the requested award;
- 6) Describe any previous attempts by the applicant to address the problem;
- 7) Describe any current programs of the applicant which address the problem;
- 8) Clearly state the goals and objectives of the proposed program or project, including a project timeline;
- 9) Provide a detailed description of proposed actions required to complete the program or project;

- 10) Identify specific services which will be provided to people through the proposed program or project;
- 11) Identify any program or project partners, if applicable;
- 12) Specifically describe how the program or project will utilize evidence-based practices;
- 13) Demonstrate institutional experience and expertise to implement the proposed program or project effectively;
- 14) Describe the specific roles and responsibilities of all staff who will be involved in the proposed program or project;
- 15) Demonstrate that staff has the appropriate training to carry out all of the duties proposed for the program or project (i.e. Curriculum Vitae, resumes, etc.);
- 16) Provide a plan for collection of performance measure data and a plan for evaluation; and
- 17) Submit copies of any and all Memoranda of Understanding with proposed partners for the program or project, if applicable.

## **SECTION 6: Attachments**

Please attach the following documents:

- 1) Completed Application Form;
- 2) Proposal Narrative;
- 3) Current organization budget and sources of income, and a detailed project budget with clear justification for proposed expenditures for carrying out the project and in which no more than 10% of grant funds are used on administrative costs;
- 4) The organization's most recent statement of financial affairs, such as in the form required by the Mississippi Secretary of State under Mississippi Code Annotated Section 79-11-507;
- 5) Policy and Procedures Manual to include: a detailed description of your accounting system, handling of bank statements, disbursements and procurement and property control policy;
- 6) 501(c)(3) documentation, if applicable;
- 7) Proof of incorporation in the state of Mississippi or recognition by the Mississippi Secretary of State as a private or public nonprofit corporation operating within the state of Mississippi, if applicable,
- 8) Any required license or certification, if applicable, and any prior revocations of such licensure or certification, if applicable;
- 9) List of organization's Board of Directors and their contact information;
- 10) A copy of the organization's Mission Statement; and
- 11) Letters of Support- at least one (1) letter and no more than three (3).

All applications and required attachments should be emailed to: [OpioidCouncil@ago.ms.gov](mailto:OpioidCouncil@ago.ms.gov) by **5:00 p.m. Central on September 19, 2025**. Any applications received after the deadline will not be accepted.