**Weber County Opioid Settlement Application**

Please return the completed application, along with any related attachments to:

Opioidsettlement@webercountyutah.gov by October 15, 2025. The answer space will expand as you fill it out. Please keep your answers as detailed yet concise as possible

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| **Applicant Information** |
| Application Date: |  |
| Legal Organization Name: |  |
| EIN (Tax ID): |  |
| Contact Person: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Mailing Address: |  |
| City, State, Zip |  |

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| **Description** |
| Project Title: |  |
| Amount Requested: |  |
| Select One: | [ ] New Initiative[ ] Expansion of Existing Program |
| Briefly summarize the project’s purpose, key strategies, and intended outcomes. Clearly define the issue your project seeks to address. |
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| Explain how this project is new or an enhancement (not a replacement of existing funding). |
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| **Project Category** |
| Select the primary funding strategy your project addresses: |
| [ ] Prevention[ ] Treatment and Recovery[ ] Criminal Justice | [ ] Harm Reduction[ ] Expanded Needed Services[ ] Other: |
| Describe how your program aligns with the state strategies listed above, local community needs and data-driven priorities: |
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| **Project Plan** |
| Anticipated start date: |  |
| Anticipated end date: |  |
| Describe the principles of the project, give an overview of the primary goals and objectives, and how the goals align with the funding priorities you checked above. |
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| Identify at least three measurable outcomes, such as: Training or expansion of youth prevention programs or increase in naloxone distribution. |
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| Provide a general timeline of activities and milestones over the year(s).1. Include estimated start and end dates for each activity or service.
2. As the grant term could span three years, the work plan should outline activities and timelines for the entire funding period.
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| Identify the cities, towns, or regions in Weber County your program will serve. |
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| Specify the target population(s) the Opioid-funded project serves: (Check all that apply) |
| [ ]  Pregnant and/or Postpartum Women | [ ]  People with Co- Occurring Disorders |
| [ ]  Homeless (sheltered and/or unsheltered) | [ ]  Migrant and/or Immigrant Communities |
| [ ]  LGBTQ+ Populations | [ ]  Rural and/or Underserved Communities |
| [ ]  Youth and/or Adolescents | [ ]  Other:  |
| [ ]  Justice-Involved Individuals |  |

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| **Program Monitoring and Evaluation** |
| Describe how you will measure program success, including:1. Metrics/Indicators: What specific outcomes will be tracked (e.g., # of people treated, reduced overdose rates, etc.)?
2. Evaluation Methods: How will data be collected and analyzed?
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| **Experience and Qualifications** |
| Describe your organization’s history in substance use prevention, treatment, or related services. Highlight relevant past outcomes. |
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| Describe your organization’s capacity to manage and evaluate this project. |
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| **Budget and Funding** |
| Summarize how the funds will be used – Attach the provided detailed Budget Template as an appendix. |
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| List any additional funding sources and amounts for this project. |
| Total Amount Requested: |

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| **Community Partnerships** |
| List partners (e.g., schools, police departments, clinics) and describe how they will be involved in the project. |
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| **Attachment Checklist** |
| Please ensure the following documents are attached: |
| [ ] Detailed Budget Template[ ] Letters of Support from Partners (recommended)[ ] Previous Project Outcomes (if expanding an existing program) |  |

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| **Reporting commitment** |
| ☐ I understand that semi-annual reports will be required, including: |
| * Financial accounting of received funds
* Demographic details and number of individuals served
* Outcome measures and performance data

☐ I agree to comply with this reporting requirement. |

**Signature and Certification**

I certify that the information provided in this application is accurate, complete, and submitted with full organizational authorization.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_