

Weber County Opioid Settlement Application

Please return the completed application, along with any related attachments to OpioidSettlement@webercountyutah.gov by October 31, 2025.

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

Description	
Project Title:	
Amount Requested:	
Select One:	<input type="checkbox"/> New Initiative <input type="checkbox"/> Expansion of Existing Program
Briefly summarize the project's purpose, key strategies, and intended outcomes. Clearly define the issue your project seeks to address.	
Explain how this project is new or an enhancement (not a replacement of existing funding).	

Project Category	
Select the primary funding strategy your project addresses:	
<input type="checkbox"/> Prevention	<input type="checkbox"/> Harm Reduction
<input type="checkbox"/> Treatment and Recovery	<input type="checkbox"/> Expanded Needed Services
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Other:
Describe how your program aligns with the state strategies listed above, local community needs and data-driven priorities:	

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.	
Identify at least three measurable outcomes, such as: Training or expansion of youth prevention programs or increase in naloxone distribution.	
1.	
2.	
3.	
Provide a general timeline of activities and milestones over the year(s). a. Include estimated start and end dates for each activity or service. b. As the grant term could span three years, the work plan should outline activities and timelines for the entire funding period.	
Identify the cities, towns, or regions in Weber County your program will serve.	
Specify the target population(s) the Opioid-funded project serves: (Check all that apply)	
<input type="checkbox"/> Pregnant and/or Postpartum Women	<input type="checkbox"/> People with Co- Occurring Disorders
<input type="checkbox"/> Homeless (sheltered and/or unsheltered)	<input type="checkbox"/> Migrant and/or Immigrant Communities
<input type="checkbox"/> LGBTQ+ Populations	<input type="checkbox"/> Rural and/or Underserved Communities
<input type="checkbox"/> Youth and/or Adolescents	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Justice-Involved Individuals	

Program Monitoring and Evaluation
Describe how you will measure program success, including:
<ul style="list-style-type: none"> a. Metrics/Indicators: What specific outcomes will be tracked (e.g., # of people treated, reduced overdose rates, etc.)? b. Evaluation Methods: How will data be collected and analyzed?

Experience and Qualifications
Describe your organization's history in substance use prevention, treatment, or related services. Highlight relevant past outcomes.
Describe your organization's capacity to manage and evaluate this project.

Budget and Funding
Summarize how the funds will be used – Attach the provided detailed Budget Template as an appendix.
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.

Attachment Checklist
Please ensure the following documents are attached:
<input type="checkbox"/> Detailed Budget Template
<input type="checkbox"/> Letters of Support from Partners (recommended)
<input type="checkbox"/> Previous Project Outcomes (if expanding an existing program)

Reporting commitment
<input type="checkbox"/> I understand that semi-annual reports will be required, including:
<ul style="list-style-type: none">• Financial accounting of received funds• Demographic details and number of individuals served• Outcome measures and performance data
<input type="checkbox"/> 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: