

**Baldwin County, Alabama – Opioid Settlement Funds**  
**Non-profit Organization Intervention Program Funding Request**

**APPLICANT INFORMATION**

Name of Requesting Organization:

\_\_\_\_\_

Physical Address:

\_\_\_\_\_

Federal EIN:

\_\_\_\_\_

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Organization Type (501(c)(3),  
etc.): \_\_\_\_\_

**CONTACT INFORMATION**

Contact Person:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

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**GENERAL PROJECT DESCRIPTION**

Brief description of the organization's program operations, stakeholders served, general outcomes expected through use of requested funds, and general qualifications to provide support services:

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**PROJECT COSTS**

Requested Annual Funding Amount: \_\_\_\_\_

Budget table identifying projected annual allocations for staffing and operations (*include as attached Exhibit if additional space is necessary*):

<b>Expense Category</b>	<b>Annual Cost</b>
Assigned Personnel Position(s)	
Total Personnel	
Fringe Benefits	
Total Fringe Benefits	
Local Travel	
Programmatic Supplies	
<b>TOTAL:</b>	

**EXPECTED BENEFIT TO PUBLIC HEALTH THROUGH GOVERNMENTAL SERVICES AND OPERATIONS PROVIDED WITHIN LOCAL COMMUNITIES**

Summary description of expected program-attributable offsets, or reductions in demand upon County services and systems, such as jail bookings, medical emergency responses, DHR social interventions, law enforcement dispatches, etc.:

