



Saint Francois County, Missouri Opioid Settlement Funds Application for Funding



Agency requesting funding:	
Mailing address:	
City, State, Zip:	
Phone:	
Street address:	
City, State, Zip:	
Agency contact:	
Contact title:	
Contact phone:	
Contact email:	
Agency type:	<input type="checkbox"/> Local Government/Political Subdivision <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Private Organization <input type="checkbox"/> Religious Organization
Year agency established:	
How many years has your agency operated in Saint Francois County:	
Brief summary of services provided by agency:	
Describe past efforts to combat the opioid epidemic and/or experience working with individuals impacted by substance use and/or mental health issues:	
Number of full-time employees	
Number of part-time employees	
Number of persons served monthly:	
Client/service target:	
Agency service area:	
Current funding sources:	
Annual operating budget:	
Previous operating year revenue (SFC):	
Previous operating year expenses (SFC):	
Do you serve/accept (if applicable):	
- Insured persons	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Uninsured persons	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Under-insured persons	<input type="checkbox"/> YES <input type="checkbox"/> NO
- MO-HealthNet (any form)	<input type="checkbox"/> YES <input type="checkbox"/> NO
- MO-Medicare	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Self-pay	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Other (list)	



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Total funding amount requested:	
Would you accept partial funding:	
Complete and submit ATTACHMENT A to document approved use(s).	
Project proposal (attach additional pages as necessary):	
Budget details (attach additional pages as necessary):	
List measurable outcome(s) to be achieved and how they will be measured. If submitting a request for various activities or uses, each use must include measurable outcomes (attach additional pages as necessary):	
If awarded, will your agency be able to continue the program/project after funds are exhausted:	
Provide a copy of your most recent financial statement audit:	
Additional notes or comments for consideration:	
Application prepared by:	
Contact of preparer:	
Signature of applicant:	
Date submitted:	
For questions regarding this application please contact OSF@sfcgov.org	
THIS SECTION TO BE COMPLETED BY THE REVIEW BOARD	
Date reviewed:	
Opioid Settlement Fund Review Board Member:	
Signature of Review Board Member:	
Review Board notes:	