



Opioid Settlement Grant Application



Fall 2026 Instructions, Application Form

DEADLINE: November 2, 2026, 11:59 PM CST

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INTRODUCTION

In response to the opioid crisis, Montgomery County, along with other Tennessee counties, has received settlement funding from national lawsuits against opioid manufacturers, retailers, and affiliated entities.

Since 2024, Montgomery County has invested a portion of these funds to enhance public-facing services through county departments such as the Sheriff's Office, EMS, Child Advocacy, CMCSS, and through alternative court programs under the 19th Judicial District including Mental Health Court, Juvenile Court, and Veterans Treatment Court.

With the guidance of the Tennessee Opioid Abatement Council and the UT Institute for Public Service SMART Initiative, Montgomery County has set-aside funding to be granted to 501(c)(3) nonprofits operating on behalf of Montgomery County citizens in remediation or prevention of further harm from the opioid epidemic.

The following pages outline the requirements and expectations of prospective grantees under this program.

Please review these requirements carefully. If you are unsure your project is eligible or have questions about the application, contact sctaylor@montgomerytn.gov.

FUNDING AVAILABILITY AND CRITERIA

According to Tennessee State Law, T.C.A. § 5-9-109, Montgomery County may appropriate funds for the financial aid of (i) any nonprofit charitable organization exempt from taxation pursuant to IRS Code § 501(c)(3), (ii) any chamber of commerce exempt from taxation pursuant to IRS Code 501(c)(6), or (iii) any nonprofit civic organization exempt from taxation pursuant to IRS Code §501(c)(4), all subject to certain guidelines and subject to County Commission approval.

Montgomery County has set aside \$250,000 in opioid settlement funding for the purpose of supporting community-driven opioid remediation projects within Montgomery County, Tennessee. This allocation was approved in Resolution 26-9-4. This amount represents the full allocation available for this funding cycle; ***no additional funding will be committed at this time.*** This program is subject to availability of funds through ongoing payments made through the Tennessee's Opioid Abatement Committee. **Contracts awarded in this cycle will include a period of performance of eighteen (18) months.**

For this cycle, there is no "cap" on an applicant's funding request. However, any application that requests 30% or more of total funding available (\$75,000+) should anticipate presenting their project to the County's Opioid Abatement Team.

Before beginning the application, there are three “threshold” criteria that any project must meet to be eligible for funding:

1) Is the applicant organization a nonprofit with the authority to enter into a legally binding agreement with Montgomery County?

2) Does this project benefit Montgomery County residents by addressing opioid/illicit drug use or misuse within the county?

3) Does this project create new or expand existing efforts in the field of prevention, treatment, harm reduction, research, or education? These funds must be used to create NEW or expand/enhance existing efforts – you may NOT supplant existing funds with opioid settlement funding.

PAYMENT STRUCTURE

Organizations may receive **no more than 50%** of funds awarded upon contract execution.

Grantees will be required to demonstrate progress on project objectives through written activity and expenditure reports; satisfactory reporting and progress will be measured against the applicant’s Work Plan that will be submitted with the full application package.

Additional payments will be made on a reimbursement basis once the grantee has achieved project progress equal to the initial payment.

Payments	Timeline
Initial Payment: Up to 50% of project request	Upon contract execution
Remaining Payments: On a reimbursement basis	Available once grantee has achieved project progress equal to initial payment; requests are limited to only one per month, and no less frequently than quarterly. Payment will be processed after review and approval of submitted request and report.

REPORTING

By submitting a proposal for consideration, applicants understand that ongoing activity and financial progress reports will be critically important to 1) track project progress and 2) continue ongoing payments to a grantee beyond the initial phase.

Grantees will be eligible to receive an initial payment not to exceed 50% of total funds awarded. During this period, activity and financial reports will be due every three months, or quarterly.

Consistent with payment structure above, grantees will be required to submit activities and financial reports with every reimbursement request. The frequency of these requests is left to the discretion of the applicant but must be filed **at least quarterly and no more frequently than monthly**.

A final activity and expense report will be submitted upon the conclusion of this project.

Reporting	Timeline
Activities + Financial Report	Due quarterly (every three (3) months) during initial payment phase; to accompany each reimbursement request thereafter. Reports may be submitted monthly but must be submitted at least quarterly.
Final Project Close-Out	Final Activity + Expense Report for Project upon completion

Activity and Financial reporting templates will be finalized prior to executing contracts. For planning purposes, applicants should expect to report on the following items:

Activities: 1) accomplishments made during the reporting period; 2) as available, statistics on project performance (e.g., number of clients served, number of Naloxone units disbursed, number of community members trained in MHFA, etc.); 3) anticipated challenges, if any, that the project may face in the future.

Financial: 1) Provide a summary of expenditures during the reporting period, including back-up documentation (itemized invoices/receipts, proof of payment, etc.). Only actual payments are eligible for reimbursement; quotes or estimates will not be accepted.

PLEASE NOTE: Applicants who do not submit required reports or demonstrate sufficient progress may have their contract terminated and, if necessary, may be required to pay back any funds paid out to the organization, to-date.

An applicant's capacity to carry out the proposed project, including reporting requirements, will be strongly considered during application review.

TITLE VI COMPLIANCE / FRAUD, WASTE, AND ABUSE

Montgomery County intends to fully comply with Title VI of the Civil Rights Act of 1964. Montgomery County does not discriminate based on race, color, national origin, sex or disability. Upon award, grantees should expect and likewise indicate their compliance via a completed Assurance of Compliance form provided by Montgomery County.

All Montgomery County employees and contractor employees have a responsibility to report fraud, waste, and abuse within the agency. The public is invited to share such concerns.

If you suspect fraud, waste, or abuse please call the Comptroller's hotline at 1-800-232-5454.

Any suspected fraud in connection with the Montgomery County Opioid Grant program should be reported to the Montgomery County Finance Director (931-648-5705) for immediate review. Montgomery County reserves the right to decline funding or participation in the program, including revocation of funds, if it has determined that fraud has occurred.

APPLICATION REVIEW PROCESS + TIMELINE

All applications will be reviewed, scored, and ranked by Montgomery County's Opioid Abatement Team (OAT). This team, comprised of county employees, local subject matter experts, and community members, will review applications following the submission deadline.

Individual reviewer scores will be tabulated, and funding recommendations will be made to the Office of the Mayor and the Montgomery County Budget Committee. Both the Budget Committee and following County Commission meetings are open and available for public attendance and will be posted to the County's meeting calendar on the website.

PROJECTED TIMELINE

When developing a proposal, please pay attention to the anticipated timeline below.

September 21: Application opens (six weeks)

November 2: Application period closes (11:59 PM CST)

November 2026 – February 2027: Application review; applicants may be called to present to the OAT

March 2027: Recommended funding presented to Budget Committee (public meeting)

April 2027: County Commission consideration of resolution authorizing approval

July 1, 2027: Anticipated start date for funds available

Before appropriations are recommended to the County Commission, T.C.A. § 5-9-109 imposes some requirements for county appropriations, including that the prospective grantee file a report of its business affairs and transactions with the County Clerk.

The report must contain **either an annual audit OR a reporting form** provided by the Tennessee Comptroller of the Treasury if an organization has not completed an audit within the last two fiscal years.

The report will also include a completed description of the program that serves the residents of the County and the proposed use request opioid settlement funds.

The report will be available for public inspection during regular business hours of the County Clerk's office; ***the Office of Accounts and Budgets will assist grantees with this step before funds are allocated.***

Projects cannot incur grant-related expenses until contracts are fully executed!

SUBMISSION, FORMAT

ALL PROPOSALS ARE *DUE BY NOVEMBER 2, 2026, AT 11:59 PM CST* – NO EXCEPTIONS.

Completed proposals will be emailed to sctaylor@montgomerytn.gov.

Do not attempt to mail, fax, or hand-deliver your application – any proposal received this way will not be considered.

Please complete this document, save, and include all necessary attachments. If possible, please merge your proposal and attachments into a single PDF, otherwise please send all documents organized in a compressed folder following the sequence of the Attachments page (p. 14) and with an endorsed Signature Page.

Applicants will receive confirmation of receipt within one business day of submitting their application; if you do not, contact the Office of Accounts and Budgets at 931-648-5705.

Incomplete applications or applications missing required attachments will not move forward for review.

APPLICATION

INSTRUCTIONS:

All required portions of this application must be completed, including attachments, for the proposal to be considered for funding.

Please be sure that your organization's designated signatory has reviewed the application and endorsed the Signature Page at the end of this application. This states that the information provided is accurate and allows Montgomery County to review the submitted financial information.

Details on the required attachments are provided at the end of the application.

Before filling out the application, please review the following threshold criteria and indicate your proposal's compliance:

- 1) All funds requested will be used for the residents of Montgomery County, Tennessee.
- 2) The submitted proposal will address opioid and related drug misuse in Montgomery County, Tennessee

☐☐

- 3) The submitted proposal will develop NEW or EXPAND existing services/capabilities within your organization.

☐

Section 1: About Your Organization

These questions help application reviewers understand more about your organization.

- 1) Legal Name of Organization:
- 2) Physical Address:
- 3) Mailing Address (if different):
- 4) Contact Person for Questions About Proposal (Name, Title, Phone, Email)
- 5) Year Organization was Incorporated:
- 6) Purpose of Organization:
- 7) How many PAID employees are there in your organization?

FULL TIME:

PART TIME:

Section 2: The Proposal:

Here, you will describe the scope and structure of your proposal.

- 1) Proposal Title:

2) What is the total amount of your request?

3) Is the amount requested 30% ($\geq \$75,000$) or more of the funds being offered? If you indicate “Yes,” a 10-minute presentation followed by a question-and-answer session period may be requested by the review team.

☐ YES ☐ NO

4) Is your organization contributing funds directly to this project? (Matching is NOT required, but if planned please describe the amount and purpose here).

5) Describe your project. In your description, be sure to consider the scope/reach of your project; what, if any, special populations you intend to serve (e.g. veterans, youth, etc.); the timeline of your project; any collaboration among other groups or agencies; and how, beyond required reporting, you plan to evaluate the success of your project should it be funded (*Answer field on next page*)

6) What data do you have that demonstrates a need for this project or program in Montgomery County? Cite the data here, including your source(s) for the information.

7) Please list the Remediation Strategy(ies) and Section Number(s) being used in this proposal (reference the Approved Remediation List for guidance).

8) Is your agency certified, licensed, and/or accredited by the State of Tennessee? If yes, please explain. If you are an agency providing direct care and/or treatment of opioid use disorders or other disorders, please list the evidence-based practices utilized by your agency.

9) Does your project involve distribution of or education about the proper use of Naloxone? If yes, please answer the questions below. **If not, please skip to Question 10.**

- a. Have you contacted the Regional Overdose Prevention Specialists (ROPS) assigned to Montgomery County to establish need and coordinate efforts with this proposal? If not, is there a reason why you have not yet connected with ROPS?

b. Will training be involved, or just distribution? Explain.

c. Will you be distributing at multiple sites in the County? If so, describe where those sites are and how they were chosen. If not yet selected, describe how you will determine those locations.

d. What is the cost per unit? (If the cost per unit is too high, the County may request use of a different vendor)

e. How many units will you order? *(Answer field on next page)*

f. How will you monitor storage and oversight, as well as track stock?

10) The person listed as the designated project contact (above) is expected to be responsible for primary communications, project oversight, and for authorizing the required reporting. Provide brief justification as to why this person is well-suited to handling this role. Cite education, prior experience with grants/reporting/etc., to help demonstrate qualifications. You may also include a resume or CV to accompany this response. *(Answer field on next page)*

Section 3: Organization Financial Information:

This section helps reviewers understand your organization's financial position.

- 11) What is your organization's fiscal year?
- 12) For the current fiscal year, what is your projected operating budget? Include projected expenses + revenue.
- 13) Does your Board of Directors review and approve the organization's annual budget and financials periodically? What other roles do they serve in your organization? Explain.
- 14) Please describe how the opioid crisis has affected your organization financially.

ATTACHMENTS

The following documents are required to be included with a submitted Application + Signature Page, unless marked OPTIONAL. Failure to include may result in an application not moving forward in the review process.

- 1) Project Budget – (to be completed by applicant, see template)
- 2) Project Work Plan (to be completed by applicant, see template)
- 3) IRS Nonprofit Verification Letter
- 4) IRS Form 990, from last two years
- 5) Most recently completed organization audit (within last two years)
- 6) Board of Directors roster (if applicable, if your organization does not have a Board, please submit a brief statement describing your organization's governance)

- 7) OPTIONAL: Letters of Support, Partnership, MOUs, etc.
- 8) OPTIONAL: Quotes or estimates (equipment, naloxone, etc.)
- 9) OPTIONAL: Resume or CV of project lead

CERTIFICATION, SIGNATURE PAGE

I hereby certify to the best of my knowledge and belief that the information provided within this application is accurate and the attached proposal budget was approved by our governing board of directors and/or chief financial officer on _____

I also consent to allow Montgomery County to review the attached financial information and other records as requested. If awarded funding, I understand that my agency must complete periodic reports to remain in good standing for ongoing reimbursement. In the event of non- or under-performance, I understand that ongoing funding may be restricted and/or our partnership agreement with Montgomery County may be terminated.

Through this submission, I understand that awarded funds must be provided to address the opioid crisis, and funds may only be used to supplement, not to supplant existing funding.

Signature:

Title:

Printed Name:

Date:

Montgomery County Dept. of Accounts and Budgets Use Only:		
<i>Date Received</i>	<i>Time Received</i>	<i>Received By:</i>

CONTACT INFORMATION

Navigate to the Accounts and Budgets Webpage for More Information:

montgomerytn.gov/account-budget/opioid-settlement-funding

or

Contact the Department of Accounts and Budgets

Monday - Friday 8AM-4PM

931-648-5705 x 12214

sctaylor@montgomerytn.gov

Thank you for your interest, and for helping us make Montgomery County a safer place for everyone.

