



Opioid Settlement

Fiscal Year 2024- 2025 Funding Request

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General Information

For the 2024-2025 Fiscal Year, the Opioid Abatement Committee (OAC) of Giles County is accepting proposals to fund projects that are focused on the abatement and remediation of opioid use and misuse exclusively for the benefit of those residing in Giles County. Should you have any questions regarding the proposals, contact gilesexec@gilescountyttn.gov.

Main Criteria and Funding Availability:

This funding is to be used for Giles County citizens for the awareness, education, and/or recovery of opioid abuse. If your organization does not fit into one of these three category types, you are not eligible to receive funds. Eligible agencies are permitted to submit one application per year to potentially receive a 12-month grant award. Applicants can only have two “active” grant contracts.

The OAC will request proposals for a funding opportunity annually, pending continued annual payout funding from national opioid lawsuit settlements. There is not a cost match for this funding opportunity.

Timeline of Submission and Awards for 2024 Fiscal Year

Jan 2 nd – Jan 31 st 2025	Proposals to be submitted to gilesexec@gilescountyttn.gov
February 2025	Proposals to be reviewed and scored.
Late-Feb 2025	OAC is reconvened to discuss top scores and funding availability.
March 2025	Budget Committee to review recommendations.
April 21, 2025	County Commission to reviews/approve recommendations.

- Dates after the submission period are subject to change and meeting notifications will be posted on Giles County website page.

State Law Regarding Appropriations

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

A non-profit charitable organization is defined as one in which no part of the net earnings benefit from any private shareholder or individual and which provides service benefitting the general welfare of the residents of the county.

Organizations described in section 501(c)(3) are commonly referred to as charitable organizations. Organizations described in section 501(c)(3), other than testing for public safety organizations, are eligible to receive tax-deductible contributions in accordance with Code section 170. The organization must not be organized or operated for the benefit of private interests, and no part of a section 501(c)(3) organization's net earnings may inure to the benefit of any private shareholder or individual.

Importantly, this statute imposes some requirements for such appropriations, which include the organization filing a report “of its business affairs and transactions”. The report must contain an annual audit, description of the program that serves the residents of the county, and the proposed use of the county assistance.

TO REPORT FRAUD, WASTE, AND ABUSE:

All County employees and contractor employees have a responsibility to report waste, fraud, and abuse within the agency. The public is invited to share such concerns. If you suspect fraud, waste or abuse please call 1-800-232-5454

Suspected Fraud:

Any suspected fraud in connection with the Giles County Opioid Treatment Application Program should be reported to the County for immediate review. The County reserves the right to decline funding or participation if it is determined that fraud has occurred.

Report Fraud To:

Comptroller of the Treasury:

- <https://comptroller.tn.gov/office-functions/investigations/fraud-waste-and-abuse>

U.S. Department of Treasury:

- <https://home.treasury.gov/services/report-fraud-waste-and-abuse> Office of Inspector General
- <https://oig.treasury.gov/fraud-alerts>

INSTRUCTIONS

The instructions detailed below are for any agency that is requesting funding assistance to address the opioid epidemic in Giles County. All portions of the application must be completed, including attachments, for this application to be considered. Upon submission of the application, you will be required to sign a statement certifying to the accuracy of the information and agreeing to allow Giles County to review your financial records.

All requests must be submitted by email to gilesexec@gilescountyttn.gov

If you are a new agency or an agency that has never requested aid in funding from Giles County, you should be aware that the maximum request per agency is determined upon the nature of the request and available funding.

IF YOU ARE A NON-PROFIT CHARITABLE ORGANIZATION OR A NON-PROFIT CIVIC ORGANIZATION, YOU MUST SUBMIT THE FOLLOWING:

- A completed Funding Request Application form.
- State Annual Reporting form or copy of agency's annual audit. This does not have to be submitted at the time of application, if not complete. For fiscal year agencies, this information can be submitted at the end of your fiscal year.
- Your budget and actual financial information in the format requested below.
 - If your agency serves a multi-county area, your budget should reflect Giles County revenues and expenses separately from other counties.
- Detailed Salary Schedule.
- Any additional explanations for which you do not have sufficient space on the Application form.
- Implementation Work Plan
- Letters of Support from Collaborators and Partners
- Monitoring Form: Compliance Survey
- Letters of Financial Standing
- If the applicant is requesting more than 20% of the aggregate amount of funds being dispersed by the Committee, 2 years of financial history must be included as part of the application.

If you are a Non-Profit Civic Organization, A copy of the Internal Revenue Service (IRS) letter recognizing the organization as a nonprofit organization or a copy of the state solicitation letter for the organization and the most recent IRS Form 990, 990-EZ, or 990-N, as applicable, filed with the IRS.

Any nonprofit organization that receives financial assistance from the county must file an annual report of its business affairs and transactions with the Giles County Clerk's Office and the Giles County Finance Department. This report must include a copy of an annual audit (if available), a description of the program that serves the residents of the county, and the proposed use of the county assistance. If an annual audit is not available, provide an annual report on the form prescribed by the Tennessee Comptroller of the Treasury. Failure to provide the required documentation will forfeit the nonprofit organization's appropriation and the opportunity to apply for a charitable contribution in the subsequent funding year.

FOR BOARD USE ONLY	
Application due date	
Anticipated notice of award	
Anticipated funding period	
Submission date	

Organizational Information	
Organization name	
Purpose of organization	
Type of organization (501c3, for profit, governmental)	
Federal tax ID number	
Is your organization certified, licensed, or accredited by the state of TN? If yes, provide documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of funding currently being received from Giles County and purpose	

Organizational Information	
Street address	
Email address	
Phone number	
Name of project director	
Title of project director	
Name of project contact	
Title of project contact	

Project Information
Project title:
Project description:

Project Information
Project objectives:
Project activities:
Does the project provide transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If not and transportation is needed, how will transportation be provided?
Project partners or collaborators:

Project Information	
Expected outcomes and how success will be measured:	
Project timeline:	
New or existing project? (Check one)	<input type="checkbox"/> New <input type="checkbox"/> Existing
If existing, have/will you receive grant funding from any other source for this project?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, amount:	
If existing, how will these funds be used to supplement rather than supplant the project?	

Project Information	
Will you charge a fee or bill insurances for the services provided with this project? _____ Yes _____ No If yes, please describe and provide estimated amounts:	
Is the project evidence-based or based on promising practices? (Provide links to supporting evidence) _____ Yes _____ No Link(s):	
Data to support the need for the project:	
Strategies that will be addressed with funds: Select all that apply	_____ Primary Prevention _____ Harm Reduction _____ Treatment _____ Recovery Support _____ Education & Training _____ Research & Evaluation

Project Information	
Target population and geographical area	
Anticipated number of people served with awarded funds	
What percentage of funds awarded will be used to serve residents of Giles County?	
How will this project meet the Board's main objective of saving lives?	

Funding Information (Must also submit a Budget Template)	
Total funding request	\$
Budget narrative:	

How will this project be sustained after the funding period?

Checklist of Required Documents:

- Application for funding
- Completed budget and budget narrative (template provided)
- Work plan (template provided)
- Current annual operating budget
- State certification, licensure, or accreditation if applicable
- Letters of support from any project partners or collaborators

