

Giles County Opioid Abatement Funding Application – 2026

Application due date: 29 May 2026



Purpose: This simplified application is intended to make it easier for organizations to request opioid settlement funds while still providing the Opioid Abatement Council the necessary information to evaluate requests.

Section 1: Organization Information

1. Organization Name:
 2. Contact Person:
 3. Phone Number:
 4. Email Address:
 5. Mailing Address:
 6. Organization Type (check one):
 - Nonprofit
 - Government Entity
 - Other: _____
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Section 2: Project Overview *(Please attach separate sheet for Section 2.)*

7. Project Title:
8. Brief Project Description (2–3 paragraphs or less): *What are you proposing to do?*

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9. Target Population (who will be served?):

10. Service Area (where will the project operate?):

Section 3: Opioid Abatement Focus

11. Which best describes your project? (check all that apply):

- Prevention
- Treatment
- Recovery Support
- Harm Reduction
- Education / Outreach

12. Briefly explain how this project addresses opioid misuse or its impacts in Giles County?

Section 4: Project Activities & Timeline

13. Key Activities :

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14. Project Start Date: _____

15. Project End Date: _____

Section 5: Expected Results

16. What outcomes do you expect? (examples: number of people served, trainings conducted, services delivered):

17. How will you track or measure that your outcomes are being achieved?

Section 6: Funding Request

18. Amount Requested: \$_____

19. Brief Budget Summary (list major cost categories only):

- Personnel / Staffing: \$_____
- Supplies / Materials: \$_____
- Contracted Services: \$_____
- Other: \$_____

20. One-paragraph explanation of how funds will be used:

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Section 7: Organizational Capacity

21. Briefly describe your organization’s experience with similar programs or services:

22. Will this project use partnerships or collaborations?

Yes No

If yes, list partners:

Section 8: Required Attachments (check all that apply)

- IRS 501(c)(3) letter (if applicable)
- Most recent financial statement or budget
- Proof of licensure or certification (if applicable)

Note: Small organizations may submit unaudited financials.

Section 9: Certification

I certify that the information provided is accurate and that funds, if awarded, will be used for opioid abatement purposes consistent with state and county guidelines.

Signature: _____ Date: _____

Printed Name & Title: _____

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Submission: Email completed application and attachments to:

✉ gilesexec@gilescountyttn.gov, cc to ebaddour@gilescountyttn.gov