**Please complete this application to apply for opioid settlement funding through Barry County.**

**Submit your completed application via email to** [**OSFRFP2025@bccmha.org**](mailto:OSFRFP2025@bccmha.org)

**After you submit your application, our team will contact you to schedule an interview. If you have any questions, please email us at** [**OSFRFP2025@bccmha.org**](mailto:OSFRFP2025@bccmha.org)

1. Please circle which category your project will address. Select all that apply:

a. Prevention (evidence based youth and family programming i.e. LifeSkills, Catch my Breath)

b. Harm Reduction (keeping people alive until they are ready to seek treatment i.e. naloxone distribution, health resources, lock boxes)

c. Treatment (i.e. therapy, medication assisted treatment, court services)

d. Recovery Supports (i.e. support groups, housing, transportation, recovery coaching)

**Contact Information**

2. Contact Person for application:

3. Contact Person’s Email address:

4. Organization applying for funds:

5. Organization Website URL and/or social media URL (if applicable):

6. Organization Mission Statement (if applicable). If your organization does not have a mission statement, please tell us about the purpose of your organization.

7. Organization address:

**Project Overview**

8. Opioid settlement funds must be used to address at least one of the following:

* Supporting people who have been impacted by the opioid epidemic in Barry County

OR

* Preventing additional harms from opioid use and related substances in Barry County.

Which of these will your project address, and how?

9. Tell us a little bit about your project. Be sure to answer the following bullet points:

* Who will you help?
* How many people do you anticipate serving/helping?
* What are your goals for the project?

10. Tell us how this funding will be used to start new programs or expand services in Barry County?

11. Tell us about any experience or expertise your organization has working with persons affected by substance use disorder.

12. Partnerships are important to enhance the impact of this work. Tell us how you will work together with others to support your project. This could be how you are working with individuals or organizations.

13. If your project is funded, what will you achieve?

**Budget**

14. What is the total amount of funding you are requesting?

15. Tell us how you plan to use the funds you are requesting. Please provide information about any and all costs that support your project. (If funded, a full budget cost-detail will be required.)

**References**

**THIS SECTION IS OPTIONAL-During the application process, we will be asking for three professional references who can speak to the work of you or your organization. If you would like to provide this information now, please do so below. Alternatively, this information can be provided at a later date.**

16. Reference

* Name (first and last):
* Email address:
* Phone:
* Organization (if applicable):

17. Reference

* Name (first and last):
* Email address:
* Phone:
* Organization (if applicable):

18. Reference

* Name (first and last):
* Email address:
* Phone:
* Organization (if applicable):

**Letters of Support**

**Letters of support are optional but encouraged. Letters should include the name of the project on the top left-hand corner of the document. If you would like to submit a completed letter of support from a community leader or partnering organization; it can be emailed to** [**OSFRFP2025@bccmha.org**](mailto:OSFRFP2025@bccmha.org)

**Thank you for applying for the Barry County Opioid Settlement Funding. If selected for consideration, our team will contact you soon to schedule an interview. If you are not selected for consideration, we will let you know.  
If you have any questions, please email us at** [**OSFRFP2025@bccmha.or**](mailto:OSFRFP2025@bccmha.or)