

Grant Application

Applicant Information	
Lead Organization Information	
Organization Name	
EIN #	
Street Address	
Email Address	
Phone number	
Fiscal Sponsor Information (if different than Lead Organization)	
Fiscal Sponsor Name	
Street Address	
Email Address	
Phone Number	
Year Established	
Do people with lived OUD experience hold leadership positions either in the organization or for this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Information	
Project Title	
Project Lead	
Title of Project Lead	
Authorized Representative	
Title of Authorized Representative	
Signature of Authorized Representative	
Signature Date	
Lead organization mission and Vision statements [100 words]	
Lead Organization Description (include overview of organization’s purpose and programs) [200 words max]	
Project Description [500 words max] Make sure to include: How this proposal will address outcomes associated with the opioid crisis Goals and expected outcomes of the project How your organization or group has or will have the capacity to successfully implement this project	

Select the pillar to which the project aligns:	[Pick one dropdown] <ul style="list-style-type: none"> ● Harm Reduction ● Treatment ● Recovery ● Prevention
New or Existing Project? (Check one)	<input type="checkbox"/> Existing <input type="checkbox"/> New
Existing Project- Currently, how many unique individuals are served annually?	NUMBER ONLY FIELD
New Project-is this project evidence-based and/or considered a promising practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Priority Populations and Geographic Area Served by Project [Check boxes for population demographics and "select up to 5 towns in Penobscot County"]	
How many people will be served by this project? [number field]	
Rationale/Data to Support Need for Project [300 words max]	
High-Level Project Timeline (brief description) [200 words max]	
List of partners and their expected roles. Letters of commitment (MOUs) must be attached. [200 words max]	
Please list SMARTIE objectives [400 words max] (specific, measurable, achievable, relevant, timebound, inclusive, equitable)	
How will you collect and/or track data related to your objectives? [200 words max]	

How will the project be sustained after this round of funding? [200 words max]	
Budget-total amount requested	\$_____
Budget Narrative/Spending Plan [200 Word Max]	
Have you already applied and/or received Opioid Funding for this project? From whom? How much? Single year or multi? For the same project or a different one?	[200 max words]
What other sources of funding do you anticipate or have been awarded for this project?	[200 max words]
Attachments/Supporting Documents	<ul style="list-style-type: none"> ● List of Governing Board (board position, employer, job title), project lead and/or key staff ● Completed Budget Template ● Letters of Commitment from any partners (if applicable) ● No more than 3 letters of support ● Letter of nonprofit status ● EIN Letter ● Supplemental materials related to project funding request (if applicable)