

# **GIBSON COUNTY OPIOID SETTLEMENT FUND**

## **Grant Application Form - July 2025 Cycle**

### **Instructions**

Please complete all sections of this application. Submit the completed form and any required attachments to both [jadams@gibsoncounty-in.gov](mailto:jadams@gibsoncounty-in.gov) and [jason@spindlerlaw.com](mailto:jason@spindlerlaw.com) no later than 4:00 PM on July 31, 2025. This deadline does not apply to agencies of the county government.

The Gibson County Committee for Administration of Opioid Settlement Funds will review applications at its meeting on August 4, 2025, at 4:00 PM. The Committee will then make funding recommendations to the Gibson County Commissioners.

### **Section 1: Applicant Information**

**1. Name of Organization:**

**2. Years in Existence:**

**3. Physical Address:**

**4. Mailing Address (if different):**

**5. Website:**

**6. Executive Director (if applicable):**

- **Name:**
- **Email:**
- **Phone:**

**7. President of the Board (if applicable):**

- **Name:**
- **Email:**
- **Phone:**

**8. Primary Contact for this Application:**

- **Name:**
- **Title:**
- **Email:**
- **Phone:**

**9. IRS Entity Type (e.g., 501(c)(3), 501(c)(4), government entity):**

**10. Business Entity Type (e.g., LLC, S Corp, C Corp, partnership):**

**Section 2: Funding Request**

**1. Total Amount of Funding Sought: \$**

**2. Type of Funding Requested:** Please select one.

- ☐ **Restricted Funds**
- ☐ **Unrestricted Funds**

*Note: It is the applicant's responsibility to determine whether the proposed use of funds qualifies as a restricted abatement expense under the terms of the National Opioid Settlement. If awarded restricted funds, the applicant is responsible for ensuring the funds are used exclusively for such approved purposes.*

**Explanation of Fund Types (per [Ind. Code § 4-6-15-4](#) and State Guidance):**

- **Restricted Funds:** These funds are legally restricted for specific opioid abatement purposes. They must be used for programs of treatment, prevention, and care as outlined in the National Opioid Settlement's "[Exhibit E: List of Opioid Remediation Uses](#)" (<https://www.in.gov/attorneygeneral/files/Approved-Opioid-Abatement-Uses.pdf>).
- **Unrestricted Funds:** These are funds distributed to the government without legal restrictions on their use. However, the State of Indiana encourages communities to use all settlement funds—both restricted and unrestricted—for abatement purposes to maximize their impact on the opioid crisis.

**3. If you are seeking restricted funds, what category under "[Exhibit E](#)" (<https://www.in.gov/attorneygeneral/files/Approved-Opioid-Abatement-Uses.pdf>) are you seeking funding, such as naloxone & overdose reversal, medication-assisted treatment, prevention programs, syringe service programs, research & evaluation, etc.?**

**4. Have you sought or received other opioid settlement funds from other cities, counties, or states?** If yes, please provide details such as the current status (e.g., awarded, application submitted), the amount sought or received, whether the funds were restricted or unrestricted, and the entity from whom the money was sought or awarded.

**Section 3: Project Proposal**

**1. Project Title:**

**2. Project Abstract (Briefly summarize your project in 2-3 sentences):**

**3. Detailed Proposal:** (Please describe in detail how the requested funds will be spent to address the opioid crisis in Gibson County. Your narrative should explain the specific problem you are addressing, the goals and objectives of your project, the target population, and the evidence-based strategies you will use. Refer to the state-approved abatement uses.)

**4. Do you provide services exclusively within Gibson County? (Yes/No)**

**5. How many lives do you expect to immediately impact with this funding?**

**6. How many of those lives are residents of Gibson County?**

**7. Please check all that apply to your proposed program based on the Committee's scoring criteria:**

- ☐ Our program provides drug testing.
- ☐ Our program includes a drug prevention component.
- ☐ Our program includes a drug treatment and/or addiction recovery component.

#### **Section 4: Budget**

Please attach a detailed line-item budget for the amount requested. The budget should clearly show how the grant funds will be expended.