

MINUTES

Aroostook County Opioid Task Force
August 20, 2024 1:00 pm
Administrative Hearing Room – Caribou Courthouse

Present:

Peter Johnson, Sheriff, Co-Chair, Committee Member
Erik Lamoreau, Co-Chair, Committee Member
Ryan D. Pelletier, County Administrator
Christina Wall, Committee Member
Amy Ward, Committee Member via Zoom
Freeman Corey, Committee Member
Steve Pelletier, ARPA Administrator
Courtney Gary-Allen, Committee Member via Zoom
Dr. Samuela Manages, Committee Member via Zoom
Jon Holabird, Committee Member
Brooke Nadeau, Committee Member
Tammy Pelletier, Operations Assistant
Melissa Lizotte, Bangor Daily News

1. Co-Chair Erik Lamoreau called the meeting to order at 1:00 pm. All attendees were introduced.
2. In review of the minutes, Mr. Freeman Corey advised that the brainstorming session requested may not be needed due to the AMHC 2024 Community Needs Assessment and Gap analysis Update report that was recently published. The committee could use that information as the basis of understanding what the needs are in the County. The group decided to have a short brainstorming session as the report does not identify specific services/agencies that offer them.

MOTION

Mr. Corey moved to approve the minutes of July 16, 2024, seconded by Sheriff Peter Johnson.

VOTE

Motion voted and approved.

3. Ms. Courtney Gary-Allen presented an update on the MRC letter of intent for funding. They received 90 million dollars in requests, with the allocation being only 12 million dollars. Ms. Gary-Allen described the process that the MRC used for their application and scoring process which involved a Letter of Intent, followed by an application process. LOI's were scored by each board member, provided they did not have a conflict of interest. MRC did not put a cap on the amount of funding that could be requested, but Ms. Gary-Allen would recommend that this be something we consider in our process. There were 17 LOI's received from organizations within Aroostook County.

Mr. Steve Pelletier provided information on the ARPA funding application process, which involved a letter of intent, followed by an invitation to apply for funding. The scoring matrix is very important to the process and allows for consistent and equal evaluation of each application. Mr. Pelletier will share the materials with the group as an example.

Co-Chairs Lamoreau and Johnson advised the group of an application process developed by a county in Tennessee that we could use as our template. It addresses many of the rules and regulations that need to be followed and clearly defines the process and scoring process. Copies will be sent to all committee members for review to discuss at the next meeting, along with details like funding caps, application periods, multiple requests from the same organization, high needs program areas, matching funds from other sources, determining eligibility of the organization requesting the information, location of service, etc.

Ms. Gary-Allen reminded the committee that the use of the funding is to ‘supplement, not supplant.’ Settlement funding must be used to increase services not to replace them.

Several committee members suggested that we should look at getting funding directly in the hands of affected youth, perhaps in the form of a scholarship fund. Or for use by grandparents who may be raising their grandchildren due to parent opioid use/death. Families picking up the pieces should be considered for funding. Not all are involved in the DHHS system which provides resources to families.

Mr. Freeman Corey asked if it was possible to get a draft budget so they understand the funding availability through the settlement distribution schedule. There is a funding schedule on the Maine Attorney General’s website, but this is simply a guide and may not reflect actual payments received. Funding could be less, or more, or paid all at once versus over a period of time. The funding schedule will be provided to the committee at the next meeting.

4. Co-Chair Lamoreau began the mini brainstorming session to identify services/agencies under the 4 pillars – Prevention, Treatment, Recovery, & Harm Reduction. The result included the following:

Treatment	Prevention	Recovery	Harm Reduction
Outpatient -AMHC, Pines, Fish River, Groups, Private Practices, BLP, CTC	Prime for Life - Cary	2 residences (men/women) CARL	Maine Access Points
Inpatient - AMHC RTF	Drug Fee Aroostook - ACAP	3 Recovery Centers - Fort Kent, Caribou, Houlton	Bangor Public Health
IOP - AMHC	Aroostook Teen Leadership Camp - AMHC	1 Hope & Prosperity Center - ACAP	Naloxone Vending Machine – Mi’Kmaq

Crisis Stabilization Unit - AMHC	Break Through Youth - ACAP	22? -12 step meetings	Aroostook County Jail Naloxone Distribution
Northern Maine Medical Center			
Aroostook County Jail - MAT			

Mrs. Gary-Allen noted that there is a large outbreak of HIV in Penobscot and harm reduction is a high needs area. Aroostook County has no needle exchange program other than via mail delivery.

5. Mr. Ryan Pelletier opened a discussion for setting the next meeting dates. It was agreed by consensus that the next meeting would be September 10th from 11-1 with lunch provided and October 22nd from 1-3.
6. Co-Chair Lamoreau adjourned the meeting at 2:35 pm.

**Next meeting Aroostook County Opioid Task Force
Tuesday, September 10, 2024 11am-1pm
Administrative Hearing Room – Caribou Courthouse**

Tammy Pelletier

From: Courtney Gary-Allen <courtney@recoveryvoices.com>
Sent: Wednesday, August 28, 2024 8:02 PM
To: Tammy Pelletier; Ryan D. Pelletier
Subject: Resignation

Hey Ryan,

I'm realizing just how busy my life is about to get with law school starting. I'm unfortunately not going to be able to keep serving on this committee. Thank you for understanding. Please let me know if there is something specific I can do to help. Thanks!



Courtney Gary-Allen (she/they)

Organizing Director

 courtney@recoveryvoices.com

 www.mobilizerecovery.org

 www.recoveryvoices.com/me

I work a flexible schedule across multiple time zones. Therefore, my work day may look different than yours. Please do not feel obligated to respond outside of your normal working hours. Also, if it helps you can **book a meeting with me** [here](#).

This email comes from outside the County of Aroostook email system. Please be cautious opening or clicking on any attachments or links.

County of Aroostook

COMMISSIONERS' OFFICE

FINANCE DIRECTOR / DEPUTY TREASURER
Dana L. Gendreau



COUNTY COMMISSIONERS

PAUL J. UNDERWOOD
PRESQUE ISLE

NORMAN L. FOURNIER
WALLAGRASS

WILLIAM T. DOBBINS
HOULTON

September 3, 2024

Subject: Update on Opioid Settlement Funds

To date, the County has received \$819,345.16 of opioid settlement funds. The current account balance is \$744,345.16. The first drawdown/expense of settlement funds, in the amount of \$75,000.00, was used to fund a portion of the County Jail MAT program, expensed to the fiscal year 2024-2025 County Jail budget.

Projected over the next 13.5 years, the County of Aroostook is estimated to receive an additional \$1,871,273.31 of settlement funds which would bring the grand total settlement to \$2,690,618.47.

Payment Year	Amount Received	Amount <i>*Estimated</i> to Receive
2022	\$325,482.91	-
2023	\$65,897.29	-
2024	\$427,964.96	\$21,709.92
2025 - 2038	-	\$1,849,563.39
TOTAL	\$819,345.16	\$1,871,273.31

**Estimated payments are subject to change. Last updated 3/12/24 by the Office of the Maine Attorney General.*

Regards,

Dana Gendreau
Finance Director/Deputy Treasurer

2024 Community Needs Assessment and Gap Analysis Update



Prepared for:
Aroostook Mental
Health Services



Prepared by:
University of New England
Center for Excellence
in Public Health



2024 Community Needs Assessment and Gap Analysis Update

Aroostook Rural Communities Opioid Response Program (RCORP)

Grantee Organization

AMHC – Aroostook Mental Health Services, Inc.

Funding Agency

Health Resources Services Administration (HRSA)

Grant Number

GA1RH42873

Service Area

Aroostook County, Maine

Project Director

Debra Jacques, Director of Marketing and Development

Data Coordinators

Mary Bachman DeSilva, ScD, MS, MSFS

Toho Soma, MPH, MS

University of New England

Consortium Members

Aroostook Mental Health Services, Inc.

Aroostook County Sheriff's Office

Houlton Regional Hospital

Mi'kmaq Family Health Services

Northern Light AR Gould Hospital

Northern Maine Medical Center

This material is supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under grant #GA1RH42873-01-00. The information, conclusions, and opinions expressed in this product are those of the authors, and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

Table of Contents

Introduction.....	4
Methods	4
Findings	
Demographics.....	5
Overall Impressions.....	6
Prevention	8
Treatment.....	13
Recovery	17
Stigma	20
Priority Setting.....	23

INTRODUCTION

With the number of overdose deaths in Aroostook County rising from 14 in 2019 to 39 in 2023 (a 179% increase),¹ learning how the community feels about the substance use epidemic can inform what services and resources to offer. This Community Health Needs Assessment provides updated findings on people's thoughts about alcohol use disorder (AUD), opioid use disorder (OUD), and substance use disorder (SUD) in Aroostook County. With the exception of 2023, this assessment has been conducted annually, making 2024 the fourth edition. The overall sentiment from both survey respondents and focus group participants was that while positive strides have been made in addressing the county's SUD epidemic, there are still unmet needs. Further data analyses highlight differences of opinion by gender, age, and other demographics.

METHODS

This year's assessment incorporated both an online survey for the general public, as was done in previous editions, and a series of focus groups targeting four specific communities: youth, law enforcement, peer recovery specialists, and consortium members. Administration of the 2024 survey differed from previous years. First, AMHC staff partnered with the University of New England's (UNE) Center for Excellence in Public Health to draft the survey. While most of it remained the same as previous surveys, some questions were edited, removed, or added. Second, the survey was administered online through UNE's REDCap account, which is a secure

¹ Maine Office of the Attorney General and the Office of Behavioral Health.

software used for surveys. Thanks to AMHC’s efforts at publicizing the survey through various channels, including collaborating organizations, social media, and word-of-mouth, 547 responses were collected in April 2024, which is a 16% increase from 2020. The four focus groups were facilitated by the same staff from UNE, and were held over Zoom. Each group lasted approximately one hour.

FINDINGS

DEMOGRAPHICS

Comparing the distribution of respondents between 2020 and 2024, there were no significant differences in the primary population represented, which respondents self-selected (Table 1). However, in terms of other demographic categories, there were significant differences in the distribution by both age and part of Aroostook County in which they live (Table 2). Therefore, some of the comparisons between survey years need to be interpreted with caution.

Table 1. Primary Population Represented

Population	2020	2024
Community Member	23%	27%
Affected Other/Family Member	22%	23%
Person in Recovery	16%	17%
Health Care Worker	19%	16%
SUD Service Provider	8%	4%
Current Student	2%	2%
Tribal Member	2%	2%
Youth-serving Organization Provider	<1%	2%
Actively Using Individual	3%	1%
Faith-based Organization Staff	0%	1%
First Responder	<1%	1%
Law Enforcement	4%	1%
Incarcerated Individual	1%	<1%

Table 2. Demographics

Variable	2020	2024
Age Group*		
18 to 34 years old	32%	19%
35 to 54 years old	47%	48%
55 years and older	21%	33%
Gender		
Woman	79%	83%
Man	20%	17%
Non-binary	<1%	<1%
Race/Ethnicity		
White	94%	93%
Native American	3%	3%
Multiracial	2%	2%
Hispanic	1%	1%
African American	<1%	1%
Asian	<1%	1%
Residence in Aroostook County*		
Northern	17%	26%
Central	65%	54%
Southern	18%	20%
Where they stayed last night		
Their own place	93%	95%
Someone else's place	4%	3%
Treatment center	1%	1%
Jail	1%	<1%
Outside/car	<1%	<1%
Recovery residence	1%	<1%
Other	1%	1%

*p<0.05.

OVERALL IMPRESSIONS

Despite nearly seven in ten survey respondents saying they were or knew someone who had misused opioids, this was a smaller proportion compared to the 2020 survey (Table 3). Similarly, the level of familiarity with local SUD/ODU resources also decreased compared to 2020. Age appeared to be a factor in people's awareness of both the *Share Facts Save Lives* campaign, which was launched in the fall of 2023, and SUD/ODU resources in general, with those 55 years and older having the lowest level of familiarity, and those 18 to 34 years old having the highest.

Finally, people in recovery were more likely than those not in recovery to be or know someone with AUD or OUD, and to be more familiar with local SUD resources.

Table 3. General Statements about SUD

Demographic Category	Percent of respondents answering in the affirmative			
	Are or know someone who ever misused alcohol, causing negative impacts	Are or know someone who ever misused opioids, causing negative impacts	Have heard about <i>Share Facts Save Lives</i>	I am familiar with my local SUD/ODD resources
Survey year				
2020	N/A	78%	N/A	62%
2024	86%	69%*	19%	55%*
Age group				
18 to 34	89%	78%	29%	66%
35 to 54	84%	70%	21%	55%
55+	87%	64%	11%*	47%*
Gender				
Women	87%	71%	17%	54%
Men	79%	63%	29%*	57%
Part of County				
Northern	85%	63%	17%	58%
Central	88%	72%	20%	56%
Southern	81%	71%	21%	48%
Recovery status				
In recovery	96%	89%	24%	69%
Not in recovery	85%*	67%*	19%	53%*

*p<0.05.

When asked to rate the severity of AUD and OUD in their community, people rated OUD higher than AUD (8.66 vs. 7.36) (Table 4). When exploring the data by subpopulations, people over 55 and men rated the severity of both AUD and OUD lower than other age groups and women, respectively. The only other difference found was that people in recovery rated AUD higher than people not in recovery did.

Table 4. Average Ratings of Perception of AUD/ODU Severity, by Year

Demographic Category	Average Rating (0 = “No issue at all,” 10 = “Very serious issue”)	
	AUD is a serious issue in my community.	ODU is a serious issue in my community.
Year		
2020	N/A	8.80
2024	7.36	8.66
Age group		
18 to 34	7.60	8.87
35 to 54	7.55	8.85
55+	6.96*	8.31*
Gender		
Women	7.57	8.84
Men	6.34*	7.77*
Part of County		
Northern	7.34	8.45
Central	7.45	8.80
Southern	7.19	8.63
Recovery status		
In recovery	7.87	8.85
Not in recovery	7.33*	8.70

*p<0.05.

PREVENTION

Public Health prevention is typically broken out into three distinct types, and different interventions targeting SUD can address each of these distinct types (Table 5).

Table 5. Types of Public Health Prevention

Type	Description	Application to SUD
Primary	Aims to have people not develop the health condition at all.	Encouraging people, especially youth, to not start using substances.
Secondary	Aims to identify those who have the health condition.	Screening people for SUD.
Tertiary	Aims to minimize negative health outcomes as a result of having the health condition.	Distributing naloxone to prevent overdose; establishing syringe service programs to prevent HIV and hepatitis C infections.

In terms of primary prevention, the youth focus group proved very helpful. According to them, the primary drivers of substance use among their peers are stress at school and home, easy

access to substances, being around peers and family members who already use substances, and inadequate education on substance use. Law enforcement concurred, specifically with the lack of prevention education in schools, of which they used to play a larger role (e.g., school resource officers). One lamented, “We seem to be reactive rather than proactive.” This is also a reflection of overall staffing needs in law enforcement. A consortium member also advocated for starting prevention education at a younger age, albeit with a focus more on social and emotional learning rather than substance use specifically:

“I don't think high school's cutting it anymore. I think we need to go even younger. I mean, literally elementary school and start having these conversations at a much younger age. It doesn't mean we need to introduce them to the said drugs, but understanding what resiliency, understanding that life is challenging, understanding like how to manage emotions and social networking.”

Special events aimed at youth substance use prevention appear to have replaced ongoing prevention education in schools, as Chris Herren’s talk to all Aroostook County high school students was mentioned by both youth and consortium members as a highlight.

Youth indicated that cannabis has become a more significant problem since recreational cannabis started being sold in the state in 2020. One student remarked,

“Older siblings or whatever it is, people will find a way to get it, and it's mostly pen cards/can cards/carts. No amount of kind of money or program or service could really go up against (it).”

While there are some youth-specific programs in Aroostook County, including the Aroostook Teen Leadership Camp (ATLC) and Drug Free Aroostook, awareness and participation in them is

not high. For example, participation in ATLC's summer camp has fallen by more than half since prior to the COVID-19 pandemic.

When it comes to tertiary prevention, expanding the availability of naloxone is crucial because it prevents overdoses. Because of state statute, all law enforcement staff carry naloxone, and many in the field supported its increased availability, with one police chief, "My whole career has been about prevention. It's cheaper than it is to lock them up." Similarly, consortium members described the increased availability of naloxone as a success, specifically citing the variety of locations where it can be accessed, including jails, vending machines, recovery centers, schools, and hospital emergency departments.

While the overall level of perceived community support around naloxone distribution decreased significantly since 2020, from 47% to 41%, there was an increase from 58% to 65% in agreement that naloxone should be distributed to everyone being discharged from SUD treatment (Table 6). Survey respondents in Central Aroostook County were more supportive of naloxone distribution compared to those in other parts of the county. Finally, and not surprisingly, people in recovery were more supportive of expanding naloxone distribution upon discharge from treatment and in high schools, and could obtain it more easily.

Table 6. Statements about Naloxone

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"			
	My community supports naloxone distribution.	Naloxone should be given to all clients upon discharge from any SUD treatment.	Naloxone should be available in high schools.	If I needed naloxone, I could get it easily.
Survey year				
2020	47%	58%	57%	41%
2024	41%*	65%*	58%	42%
Age group				
18 to 34	42%	66%	62%	49%
35 to 54	39%	68%	58%	44%
55+	43%	60%	57%	35%
Gender				
Women	40%	66%	59%	43%
Men	42%	62%	54%	40%
Part of County				
Northern	30%	69%	59%	37%
Central	48%	65%	58%	46%
Southern	37%*	60%	55%	36%
Recovery status				
In recovery	44%	76%	74%	60%
Not in recovery	41%	64%*	56%*	40%*

*p<0.05.

Another evidence-based tertiary prevention intervention is syringe service programs (SSPs), where people who use drugs can exchange used syringes for new ones, receive other needed supplies and referrals, and even start exploring treatment options if they feel ready to do so. Not only do they address an individual’s drug use, they can also curb the spread of infectious diseases such as HIV and hepatitis C. People’s perception of community support for SSPs did not shift between 2020 and 2024, with those 18 to 34 years old having the highest perceived level of community support (Table 7). Those over 55 years old were less likely to think that SSPs were needed. Several focus group participants said that an SSP, whether stationary or mobile, is needed in Aroostook County. One community member summarized the situation astutely:

“I couldn't understand why needles, Narcan, etc., would be sent to drug users free of charge. However, I have since realized that if a person wants to use drugs, they're going to do it one way or another. At least by providing them with clean needles, it may prevent the number of people sharing needles and spreading diseases. If Narcan is given out, it may lower the chances of someone losing their battle with addiction.”

Table 7. Statements about Syringe Service Programs

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"		
	My community is supportive of syringe service programs.	Easier or more affordable access to hepatitis C/HIV treatment is needed	Syringe Service Programs (stationary or mobile) are needed
Survey year			
2020	14%	N/A	N/A
2024	14%	58%	59%
Age group			
18 to 34	20%	61%	64%
35 to 54	16%	57%	64%
55+	10%*	59%	50%*
Gender			
Women	14%	58%	61%
Men	16%	57%	52%
Part of County			
Northern	12%	59%	64%
Central	15%	59%	58%
Southern	14%	58%	60%
Recovery status			
In recovery	18%	67%	66%
Not in recovery	14%	56%*	59%

* p<0.05.

Finally, Maine’s Good Samaritan Law (GSL) protects those who help someone overdosing seek medical care without the threat of arrest or prosecution. This decreases the likelihood of overdoses turning fatal. The overall perceived familiarity with the GSL increased between 2020 and 2024, with Southern Aroostook County showing the highest rate at 37% (Table 8). People in Northern Aroostook County had a lower level of belief in their local law officials’ knowledge of

the GSL. Finally, even though three-quarters of survey respondents feel safe calling 911 in an overdose situation, this was a significant decrease from 2020.

Table 8. Statements about the Good Samaritan Law

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"		
	My community is familiar with the GSL.	My local law officials are familiar with the GSL.	I feel safe calling 911 in an overdose situation.
Survey year			
2020	19%	48%	83%
2024	27%*	45%	75%*
Age group			
18 to 34	31%	47%	70%
35 to 54	28%	43%	79%
55+	24%	49%	75%
Gender			
Women	26%	46%	77%
Men	29%	41%	71%
Part of County			
Northern	18%	36%	73%
Central	28%	50%	75%
Southern	37%*	47%*	79%
Recovery status			
In recovery	31%	43%	73%
Not in recovery	26%	47%	77%

* p<0.05.

TREATMENT

SUD treatment, including medication-assisted treatment (MAT) specifically for OUD, remains an important need in Aroostook County, as illustrated in both survey and focus group findings.

Among the three items asking about SUD treatment in general, more than four out of five people agreed that both long-term residential treatment and crisis detox options were needed (Table 9). Additionally, women were more likely than men to agree that long-term residential

treatment and crisis detox options were needed, and people in recovery felt they could access SUD treatment services easily compared to those not in recovery.

Table 9. SUD-related Statements

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"		
	If I needed or wanted help with my SUD/ODU, I could easily access services.	Long-term residential treatment (28 days or longer) is needed.	Crisis detox options are needed.
Survey year			
2020	44%	N/A	N/A
2024	41%	82%	82%
Age group			
18 to 34	46%	80%	80%
35 to 54	41%	85%	87%
55+	40%	81%	78%
Gender			
Women	40%	86%	85%
Men	49%	67%*	69%*
Part of County			
Northern	43%	86%	87%
Central	43%	82%	83%
Southern	35%	84%	78%
Recovery status			
In recovery	53%	82%	83%
Not in recovery	40%*	84%	84%

*p<0.05.

With AUD treatment specifically, there was little explicitly mentioned about it in the focus groups, especially when compared to opioids and other substances. The most direct mention was from a law enforcement official who said “In Aroostook County the number one drug is still alcohol just so everybody knows that.” Many community members expressed their concerns about AUD in the survey, as illustrated by the following quote:

“Alcoholism is rarely acknowledged as a disorder or addiction due to the fact that it is legal after the age of 21; and there isn't much for people to do around here aside from hit the bars on the weekends. It is because of this, that people don't view their drinking as a problem.”

Only half of survey respondents felt their community supported AUD treatment, and even fewer felt they could easily access it if needed (Table 10). There were no significant differences found when analyzing the survey data on AUD by the various demographic groups.

Table 10. AUD-related Statements

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"		
	My community supports AUD treatment.	Primary care providers should treat people with AUD at their clinic.	If I needed AUD treatment, I could easily access it.
Survey year			
2024	49%	69%	39%
Age group			
18 to 34	50%	77%	37%
35 to 54	46%	71%	38%
55+	54%	64%	43%
Gender			
Women	48%	70%	38%
Men	51%	64%	44%
Part of County			
Northern	54%	69%	44%
Central	49%	71%	40%
Southern	46%	65%	32%
Recovery status			
In recovery	52%	78%	50%
Not in recovery	49%	68%	38%

The focus groups had greater discussion about MAT, both positive and negative. Both the law enforcement group and consortium group were pleased to see that MAT has expanded in recent years, particularly in hospital emergency departments. Additionally, the types of MAT medications offered have diversified to become more client-centered. Interestingly, the survey data show that only one-third of people perceive that there is community support for MAT as a viable treatment option (Table 11). However, two-thirds feel that MAT should be available

through primary care providers. Men also felt more likely than women to be able to access MAT if they needed it, as did people in recovery (Table #).

Table 11. MAT-related Statements

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"		
	My community supports MAT as a viable treatment option.	Primary care providers should offer MAT at their clinic.	If I needed MAT, I could easily access it.
Survey year			
2020	35%	67%	40%
2024	35%	65%	34%
Age group			
18 to 34	43%	66%	42%
35 to 54	35%	65%	31%
55+	31%	64%	34%
Gender			
Women	34%	66%	32%
Men	38%	59%	45%*
Part of County			
Northern	31%	67%	33%
Central	38%	67%	38%
Southern	34%	57%	25%
Recovery status			
In recovery	51%	70%	55%
Not in recovery	33%*	64%	30%*

*p<0.05.

In terms of barriers, one significant barrier to accessing treatment is the lack of staffing. As one peer recovery specialist succinctly stated, “We have this new eighteen-bed facility. But you can't staff eighteen beds, so you actually can't offer all eighteen beds.” Other barriers cited include the lack of services for those with co-occurring mental health disorders and SUD, a lack of public transportation infrastructure in Aroostook County, and a lack of health insurance.

RECOVERY

People in recovery from SUD need ongoing services to remain in recovery, establish positive social relationships, and develop new skills. Participants in the peer recovery focus group highlighted Aroostook Recovery Center of Hope in Houlton, and Roads to Recovery in Caribou, as community assets that help people in recovery. Additionally, members of the Houlton Band of Maliseet Indians benefit from services targeting their community. Law enforcement officials and consortium members echoed the success of many of these same services, as well as the expansion of recovery services in the Aroostook County Jail.

However, around four out of five survey respondents still said there is a need for peer recovery centers and sober living options. Also, similar to the gender differences seen in the need for treatment services, men in the survey were less likely than women to agree that there is a need for peer recovery centers and sober living options (Table 12).

The use of telehealth received mixed reviews. Overall, only about one-third of survey respondents felt it was a reliable option to treat SUD/ODU and provide recovery services. There were some in the law enforcement focus group who felt it helped provide greater access to services for those who were currently incarcerated. However, peer recovery specialists felt that it was too impersonal and therefore not as effective as speaking with someone face-to-face. Interestingly, in the survey, people in recovery were more likely than those not in recovery to think telehealth is a reliable option.

Table 12. Recovery Services

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"		
	Telehealth is a reliable option to treat SUD/OD and provide recovery services.	Peer Recovery Centers, recovery coach services, meetings, and peer run groups are needed.	Sober living options are needed.
Survey year			
2020	38%	N/A	N/A
2024	36%	78%	83%
Age group			
18 to 34	39%	78%	83%
35 to 54	36%	80%	86%
55+	34%	76%	80%
Gender			
Women	35%	80%	86%
Men	40%	65%*	70%*
Part of County			
Northern	40%	78%	86%
Central	35%	78%	85%
Southern	32%	80%	80%
Recovery status			
In recovery	48%	82%	87%
Not in recovery	34%*	79%	84%

*p<0.05.

Peer recovery specialists identified factors contributing to the success of recovery programs, including word-of-mouth promotion, offering activities and services not explicitly focused on recovery, and community support. Word-of-mouth promotion allows people in recovery to share their stories with others. As one peer recovery specialist stated:

“We need to be able to let people know that they [peer support programs] are there and that there are people just like them that are willing to help them get through this. But if we don't share that, then it's hard to get to have people feel comfortable enough to commit.”

Similarly, offering activities and services not directly related to recovery, including social gatherings, classes on financial literacy, and social services, can help those with SUD ease into engaging with a recovery center. Finally, the support of the community is crucial, for without it,

fundraising becomes a struggle, and stigma against people in recovery persists. Consortium members concurred, with one person stating:

“I definitely think that the recovery centers have helped with...getting the word out in the community. What's available to folks. In the past, if you or your family was not having an issue with substance use disorder that there was a lot of people in our community that had no idea what was available.”

Although the question asked about services in general for expectant mothers and youth, and not specifically about prevention, treatment, and/or recovery, there was a high level of support for such services (Table 13). Again, men were less supportive of agreeing that these services were needed. One high school student elaborated on the need for youth-specific services:

“It's very different to deal with a young person who is struggling with someone that is an adult, because they have different experiences, and like even just the difference in age, it does make it like not necessarily harder, but definitely different. So I think, yeah, youth-specific recovery. We don't have that enough around here.”

Table 13. Services for Targeted Populations

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"	
	Services for expectant mothers are needed.	Services for youth are needed.
2024	80%	85%
Age group		
18 to 34	81%	86%
35 to 54	82%	87%
55+	78%	82%
Gender		
Women	82%	87%
Men	72%*	73%*
Part of County		
Northern	82%	87%
Central	83%	85%
Southern	76%	85%
Recovery status		
In recovery	80%	85%
Not in recovery	81%	86%

*p<0.05.

STIGMA

Assessment findings related to stigma were separated into their own section because stigma negatively impacts prevention, treatment, and recovery efforts. Stigma can also be self-imposed or come from others. Survey results show that 85% still feel it is an issue in their community (Table 14). However, men were less likely to agree than women that stigma was an issue in their community.

Table 14. Percent of Respondents who “Agree” or “Strongly Agree” with each Statement

Demographic Category	Stigma is an issue in my community (% who “Strongly Agree” or “Agree”)
Survey year	
2020	87%
2024	85%
Age group	
18 to 34	84%
35 to 54	86%
55+	82%
Gender	
Women	86%
Men	78%*
Part of County	
Northern	82%
Central	87%
Southern	85%
Recovery status	
In recovery	91%
Not in recovery	84%

*p<0.05.

Those in the peer recovery specialist focus group said that although the situation is improving, stigma remains in various fields that impact people’s SUD treatment and recovery journey, including law enforcement, health care, and potential employers. One peer recovery specialist remarked:

“The negative stigma going on in hospitals and with law enforcement does not just make it difficult to come forward and get help and get clean or whatever it is that you're dealing with...it's also immensely damaging... You go in looking for help and you're not necessarily sent away always. But you're not willing to get the help you need after that interaction.”

In contrast, one consortium member was more optimistic about the situation:

“I really do believe that stigma will change through generational change and it's happening and it's going to happen and hopefully it turns into more. Look at it five years ago, there wasn't a single naloxone distribution in Aroostook County, right? Now, there's a vending machine in less than five years...And honestly, if you look at the press about it, it was mostly positive. Like people believe that this is important. That's much different than if we would have just brought this in five years ago.”

Meanwhile, law enforcement officials stated they had made strides in training staff around stigma, with one saying the following:

“I think it's improved in the in the law enforcement field. I don't think it's improved in overall society. The everyday common person still looks at it as a choice versus a medical issue.”

Finally, from the youth perspective, there was a sense of stigma against people who use substances after high school, but not during:

“A lot of people in high school think that stuff [substance use] is cool, so it's not necessarily a stigma around people that use it in high school. But then people that continue to use it after saying like, ‘Oh, they're old.’ They shouldn't be doing that anymore.”

Nearly two-thirds of survey respondents gave an example to the open-ended question, “Please describe your understanding of how stigma affects individuals with AUD/SUD, affected others, and/or your community.” Below is a small selection from the more than three hundred responses given:

“A vicious cycle: Individuals with AUD/SUD are ashamed and embarrassed and isolate themselves and don't ask for help. Affected others, desperate to help, may not offer the best forms of support further exacerbating the individual's shame.”

“It's bad enough that someone has to go through the condition. Then all of the neighbors start talking and spreading rumors. Before they know it they automatically have a reputation that they most likely did not earn. That's hard to overcome.”

“Providers who still operate with a stigma driven treatment recommendations, such as client relapsing and therefore not ‘wanting’ or ‘deserving’ treatment. Which in turn causes people to not seek help, for fear of how they will be treated.”

The survey also asked if people had changed their own views around SUD in the past year.

While most who said they had changed were in the direction of feeling more empathy and less stigma toward people with SUD, a few admitted feeling more stigma. For example:

“I feel awful saying this but after seeing and experiencing how COVID has worn our good hard working folks down I'm mad that drug users require much effort from all first responders and our law enforcement and our health care workers and yet they fill the ER beds and our hospital beds for weeks at a time with MaineCare paying for their entire stays and treatments and yet our hard working folks are busting their butts trying to afford housing, food, transportation and health insurance and they can't even afford any type of medical care. Maybe we all should give up and live off the state.”

“No but I am very saddened and frustrated with the fact that I work full time and still have to pay my medical bills while someone on drugs does not, MaineCare pays for them. I chose to make good decisions. We all have the same choices. If someone chooses to consume so many drugs to cause an overdose then don't save them. Sounds cruel but it's reality and we have to stop encouraging them by providing clean needles and Narcan.”

PRIORITY SETTING

It is evident from the more than five hundred survey responses and rich focus group discussions that people in Aroostook County have much to say about how the ongoing SUD epidemic is impacting their community, and what they think should be done about it. The findings offer opportunities to both maintain current programs and services, and expand them into new settings and for different target populations. Below are specific actions that align with both AMHC's workplan for the RCORP grant and findings from this assessment.

OVERALL

Increased promotion of SUD-related resources, including the *Share Facts Save Lives* campaign, should increase their overall awareness among the general public. Developing materials and strategies that target specific populations with lower levels of awareness, including older adults, would also benefit the campaign.

PREVENTION

In terms of primary prevention, continued engagement with youth should be encouraged, whether through schools or youth-serving organizations. Engagement does not need to be explicitly on substance use, but could instead focus on age-appropriate topics like social and emotional learning.

Despite people's perception of community support for naloxone declining, efforts to expand the availability of naloxone were recommended by key stakeholders. As overdose numbers remain elevated, continuing to reduce barriers to the availability of naloxone plays a crucial part in tertiary prevention. Establishing a syringe service program in Aroostook County should also remain a goal.

TREATMENT

Finding a viable, sustainable solution to address the lack of staffing for treatment services would maximize the capacity of existing treatment beds and alleviate the demand on them. Equally as important is developing treatment services specifically for youth and expectant mothers in order to address their unique needs.

In addition to staffing, other structural barriers also need addressing. First, a lack of health insurance prevents many seeking substance use treatment from having the means to afford it. Partnering with agencies to ensure that everyone who is eligible for MaineCare has actually enrolled in it would be a practical first step. Second, the lack of public transportation options in Aroostook County hinders access to both treatment and recovery services, and telehealth is not always as beneficial an alternative. However, solving the transportation issue would involve many more sectors and substantially more funding to address adequately.

RECOVERY

Similar to the effects on treatment services, addressing the inadequacies of staffing, health insurance, and transportation would result in greater access for those seeking recovery services. Another strategy to engage more people is by offering classes and workshops not explicitly focused on recovery, but on related topics such as stress management, financial literacy, and finding employment, all of which can bring added stability to the life of a person in recovery.

Additionally, maintaining recovery services in specialized settings such as tribal lands and jails, along with developing them for other populations (e.g., pregnant women and youth), will allow services to cater to those populations directly.

STIGMA

Finally, with the perception of community-level stigma remaining high since 2020, and the pervasiveness with which it permeates across sectors (e.g., medical, law enforcement, employment), reducing stigma remains challenging but necessary. The aforementioned suggestion to expand promotion of the *Share Facts Save Lives* campaign can help, as can anti-stigma training for those who engage with people with SUD through their work or personal life.



*Aroostook County Commissioners Office
Aroostook County
144 Sweden Street, Suite 1
Caribou, Maine 04736*

2024 AMERICAN RESCUE PLAN ACT GRANT LETTER OF INTENT

All Letters of Intent must be received electronically by 4 p.m., Friday, February 16, 2024.

Letters of Intent must be submitted via email to the ARPA Program Administrator, Steve Pelletier, at steve.pelletier@aroostook.me.us

If you would like to be considered for ARPA funding you are required to submit a ***Letter of Intent (LOI)*** as part of the application submission. By submitting this form, you are notifying the County that you intend to apply for ARPA funds for an eligible project before the application deadline. If you choose not to apply after submitting the LOI, you do not need to notify the County.

Eligibility to submit an application does not imply final project approval or funding. It will be used to assess eligibility and identify a potential project. You will receive a Notification Eligibility Email from the County if your proposed project is determined to be eligible. If awarded, funds will not be available until after July 1, 2024. If the County Administration has any questions, they will contact you via email.

2024 ARPA Grant Letter of Intent

1. Applicant Information

Applicant:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
Address:	Click or tap here to enter text.	Fax:	Click or tap here to enter text.
City/Zip:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Authorized Person:	Click or tap here to enter text.		
Project Location:	Click or tap here to enter text.		
DUNS Number:	Click or tap here to enter text.		
SAMS EIN Number:	Click or tap here to enter text.		
Non-Profit 501(c)(3) Date:	Click or tap here to enter text.	*Provide Determination Letter	
Contact Person:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
	Click or tap here to enter text.	Email:	Click or tap here to enter text.

2. Multi-Jurisdictional Applicant Information

Application Lead Organization

Applicant:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
Address:	Click or tap here to enter text.	Fax:	Click or tap here to enter text.
City/Zip:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Authorized Person:	Click or tap here to enter text.		
Project Location:	Click or tap here to enter text.		
DUNS Number:	Click or tap here to enter text.		
Non-Profit 501(c)(3) Date:	Click or tap here to enter text.	*Provide Determination Letter	
Contact Person:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
	Click or tap here to enter text.	Email:	Click or tap here to enter text.

Sub-Applicant

Applicant:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
Address:	Click or tap here to enter text.	Fax:	Click or tap here to enter text.
City/Zip:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Authorized Person:	Click or tap here to enter text.		
Project Location:	Click or tap here to enter text.		
DUNS Number:	Click or tap here to enter text.		
Non-Profit 501(c)(3) Date:	Click or tap here to enter text.	*Provide Determination Letter	
Contact Person:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
		Email:	Click or tap here to enter text.

****Please add additional lines for additional organizations**

1. Eligibility Activity Categories

	P. Health and Neg. Econ. Impact – Max. Request \$100,000 up to 75% of Project Cost
	Investments In Infrastructure – Max. Request - \$300,000 up to 50% of Project Cost
	Broadband – Max. Request - \$100,000 up to 50% of Project Cost
	Emer. Relief from Natural Disaster - Max. Request \$100,000 up to 50% of Project Cost
	Title I Projects - Max. Request \$100,000 up to 50% of Project Cost

3. Project Information

Provide a clear, concise description of the proposed project using the space below. The scope of work should be very specific in identifying how the funds will be used to meet the ARPA Grant Program Statement Guidelines within eligible activity categories. **Maximum of 1000 words.**

4. Cost Estimates and Project Funding

Provide an estimated project cost, amount of ARPA funds to be requested and sources, amounts and dates secured for all anticipated cash matching funds. **A minimum 25% cash match of the total grant award is required for Public Health and Negative Economic Impact Projects, 100% for Water and Sewer Infrastructure, Broadband, Emergency Relief from Natural Disasters, and Title I Projects. Match amounts may come from any public or private source dependent upon Federal Funding requirements.**

Total Estimated Project Cost:	\$	ARPA Grant Request:	\$
-------------------------------	----	---------------------	----

Funding Source	Amount	Date Secured

****Funding Sources Must be Committed by the Application Deadline Date.**

Applicant Certifications

- a. To the best of my knowledge and belief, the information in this Letter of Intent and all attached documentation is true and correct; and
- b. This Letter of Intent complies with all applicable State and Federal laws and regulations; and
- c. With the exception of administrative costs, verify that no person who is an employee, agent, consultant, officer, or elected official or appointed official of state, local government, non-profit organizations, and sub-recipients which are receiving ARPA funding may obtain a financial interest in or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect to ARPA activities.
- d. Approval of this Letter of Intent by the County to submit a final application does not imply final project approval or funding.

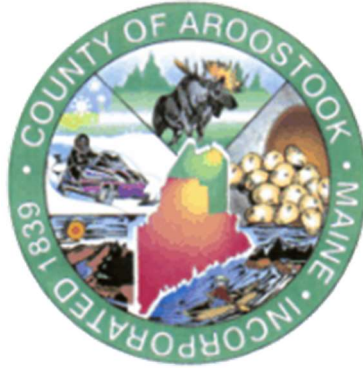
Signature of Authorized Person	Name of Organization	Date

Signature of Each Participating Applicant in a Multi-Jurisdictional Application

Signature of Authorized Person	Name of Organization	Date

Signature of Authorized Person	Name of Organization	Date

Signature of Authorized Person	Name of Organization	Date



*Aroostook County Commissioners Office
Aroostook County
144 Sweden Street, Suite 1
Caribou, Maine 04736*

2024 AMERICAN RESCUE PLAN ACT GRANT APPLICATION

Aroostook County received approximately \$13 million in ARPA funds. The County will use 50% of funding for its own projects, and make available 50% of the funding for grants to Aroostook County municipalities and non-profits in 3 funding rounds for 2022, 2023, and 2024. *It is very important to read the complete Program Statement Guidelines to ensure all required information for the application is provided for maximum grant scoring potential.*

Note: This form must be completed as part of the application; additional information may be required upon assessment of the application.

Applicants must choose from eligible ARPA Fund Categories listed in the Program Statement. All applications must be received electronically by **4 p.m., Monday, April 1, 2024.**

Application and other documents must be received as one complete PDF format application submitted via email to: steve.pelletier@aroostook.me.us

Late submissions will not be accepted. For further information: 207-493-6337 Ext. 337

ARPA Grant Funding Application Overview

1. Introduction

ARPA Grant Funds will provide funds to communities and non-profits to implement proposed projects that deal with COVID-19 related issues and meet ARPA Program Statement Guidelines and the Treasury's 2022 Final Rule and 2023 Updated Interim Final Rule. ***All approved funding awards are at the discretion of the Aroostook County Commissioner's.***

2. Letter of Intent as ARPA Grant Application Eligibility Requirement

Eligible applicants for ARPA funding are required to submit a Letter of Intent to Apply. Applicants submitting an ARPA application without first submitting a Letter of Intent and receiving a Notification Eligibility Email from the County will have the application un-scored.

3. Public Hearing Requirements

Each applicant is required to hold a duly authorized public hearing during the Application process. The hearing must be advertised in local newspapers and posted according to local requirements. Any applicant submitting a non-compliant public hearing notice will have five points deducted from their final application score. Applicants must attach a copy of the published hearing notice, attested copy of the minutes, and attendance list to the Application.

4. Matching Funds Requirements

Municipalities and eligible non-profits applying for ARPA funds must demonstrate they will provide a direct cash match of at least 25% of the total ARPA grant award for Public Health and Negative Economic Impact Projects. Investments to Infrastructure Water & Sewer Projects, Broadband, Emergency Relief from Natural Disasters, and Title I Projects, require a 100% match of the total grant award. The minimum match amount may come from any source public and/or private. This must be reflected on the Matching Funds Table contained on Page 5 of this Application Package. Firm letters of commitment for all cash matching funds must be attached to the table.

5. Financial Commitments as a Scoring Requirement

Applications for projects not demonstrating a firm financial commitment as required in the application materials will be removed from the scoring process.

6. Maximum ARPA Grant Amounts:

- Public Health and Negative Economic Impact - \$100,000 up to 75% of Project Cost.
- Investments to Infrastructure - \$300,000 up to 50% of the Project Cost.
- Broadband - \$100,000 up to 50% of the Project Cost.
- Emergency Relief from Natural Disasters - \$100,000 up to 50% of Project Cost.
- Title I Projects - \$100,000 up to 50% of Project Cost.
- Total Annual Maximum 2024 Funding Award Amount - \$2,474,916

7. Multi-Jurisdictional Application

A multi-jurisdictional application is one submitted from two or more municipalities or non-profits joining together to create a single ARPA proposed project to meet shared problems in the respective organizations.

8. Application Process

Step 1

A. Letter of Intent – see Number 2.

B. Completed Application

The application must provide a narrative description of the Impact, Development Strategy, and Citizen Participation relating to ARPA activities proposed in the application. The applicant must complete the Application form and may only attach additional information if specifically requested. Please remember to answer briefly and as completely as possible within the allotted space. Each application will be rated on its own merit and in relation to all other applications. After the scoring process is completed, successful organizations will be invited into the project development phase.

C. Project Implementation

Following contract execution, the municipality or non-profit will be awarded ARPA funds and will begin to implement their projects. The ARPA Program Administrator will remain involved with the awardee throughout project implementation.

9. Application Scoring

Members of the ARPA Scoring Team will assign a Point Total for each application reviewed. Review Point Totals will consist of the sum of the three scoring areas below and be determined by the total of each sub-scoring area.

- A. **Impact – 45 points**
- B. **Development Strategy – 45 points**
- C. **Citizen Participation – 10 points**

*****For possible scoring points within specific ARPA Eligible Categories, please review the Selection Process under each of the ARPA Eligible Categories within the ARPA Program Statement.***

APPLICANT INFORMATION	
Name of Municipality or Non-Profit:	Click or tap here to enter text.
DUNS Number:	Click or tap here to enter text.
SAM EIN Number:	Click or tap here to enter text.
Non-Profit 501©(3) determination date: (provide letter)	Click or tap here to enter text.
Authorized Person/Title:	Click or tap here to enter text.
Contact Name:	Click or tap here to enter text.
Contact Address:	Click or tap here to enter text.
Contact Title:	Click or tap here to enter text.
Contact Email:	Click or tap here to enter text.
Contact Phone Number:	Click or tap here to enter text.
Municipal/Non-Profit Address:	Click or tap here to enter text.

Multi-Jurisdictional Applicant Information

LEAD APPLICANT INFORMATION			
Applicant:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
Address:	Click or tap here to enter text.	Fax:	Click or tap here to enter text.
City/Zip:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Authorized Person/Title:	Click or tap here to enter text.		
Project Location:	Click or tap here to enter text.		
Non-Profit 501(c)(3) Date (provide letter):	Click or tap here to enter text.	DUNS Number:	Click or tap here to enter text.
Contact Name:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Contact Email:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.

Sub-Applicant

Applicant:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
Address:	Click or tap here to enter text.	Fax:	Click or tap here to enter text.
City/Zip:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Authorized Person/Title:	Click or tap here to enter text.		
Project Location	Click or tap here to enter text.		
DUNS Number	Click or tap here to enter text.		
Non-Profit 501(c)(3) Date (provide letter):	Click or tap here to enter text.	DUNS Number:	Click or tap here to enter text.
Contact Name:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Contact Email:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.

*****Please add additional lines for additional sub-applicants.***

ARPA Grant Program Project Cost Breakdown

Project Name	ARPA Funds Request	Matching Funds	Total Project Cost

Matching Funds Table

Funding Source	Grant/Loan	Amount

COVID-19 Related Funds Already Awarded

Funding Source	Grant/Loan	Year	Amount

DETAILS OF THE ARPA GRANT REQUEST

Name of Grant Project/Request:	Click or tap here to enter text.
Eligible APRA Funding Category:	Click or tap here to enter text.
Dollar Amount of Grant Funds Requested from Aroostook County:	Click or tap here to enter text.
Other Funds Invested in this Project and the Source of those funds:	Click or tap here to enter text.
Period that the Funds will Cover and be Spent (from and to):	Click or tap here to enter text.
Did you apply for ARPA funding in 2022 and/or 2023?	Click or tap here to enter text.
Were you awarded an ARPA Grant in 2022 and/or 2023? If so, how much was the award and the percentage that has been expended?	Click or tap here to enter text.

Project Scope of Work and Funding Eligibility

Explain your organization’s COVID-19 related issue and proposed description of how the issue will be resolved with ARPA Funding. Maximum 1000 words.

[Empty text box for response]

Cite specific language in the ARPA Program Statement supporting your request for funds, list the supporting expenditure category, and why you feel your request fits ARPA requirements and the Treasury's 2022 Final Rule and 2023 Interim Final Rule Guidelines. Maximum 1000 words.

Explain in detail the purpose of the funds, how they will be expended, who will benefit, what geographic area will be covered, what impact the funds are intended to have, the number of jobs created and/or retained, and how you will evaluate and measure success. Please review the Scoring Criteria in the Program Statement. Maximum 1000 words.

Do you have any other information to add that is pertinent to your proposed project and funding request? Maximum 500 words.

Please attach the following supporting documents, if applicable and available:

- Mission, Vision, Strategic Plan
- Proof of financial stability – e.g., last audit
- Proof of project financial commitments and written cost estimates
- Annual Budget
- Acknowledgement/Copy of the Financial, Procurement, and Contractual Guidelines from Section 5 of the ARPA Program Statement
- 501(c)(3) Determination Letter for Non-Profit Organizations

I acknowledge that our municipality is a member of the ARPA Coalition and therefore understand our 2% contribution covers compliance.

I acknowledge our municipality is aware we are not a member of the ARPA Coalition and will be subject to an administrative fee equal to 10% of the amount of ARPA Funding from the County.

I acknowledge our non-profit organization is aware we located in a municipality that is not a member of the ARPA Coalition and will be subject to an administrative fee equal to 10% of the amount of ARPA Funding from the County.

Signature of Authorized Representative:	I certify that the information in this Grant Application is true and correct to the best of my knowledge:
	Signed:
	Date:

For Office Use Only

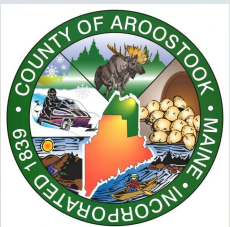
2024 ARPA Grant Application

Must Score Minimum of 85 Points to be Considered for Grant Award.

Scoring - Public Health & Negative Economic Impact

Impact - 45 Max. Pts.		Score
	A description of why the proposed public health & negative economic impact project is necessary and any previous efforts to address the needs – 6 maximum points	0
	What sources and methods of information were used to determine the issues and the need for ARPA funding – 6 maximum points	0
	How the determined issues affect the safety and welfare conditions affect the community and others in the region – 7 maximum points	0
	Size and demographic makeup of community base and target area of projected public health or economic impact project – 7 maximum points	0
	How the ARPA investment will help respond to the pandemic itself or the harmful economic consequences of the economic disruptions - 9 maximum points	0
	Why ARPA funds are necessary for the project and what other state, federal, or local funds are included, how the funding will address the identified need or impact, and how matching funds will work with ARPA funds to implement the project - 10 max. points	0
Total		0
Development Strategy - 45 Max. Pts.		
	A description of the proposed public health & negative economic impact project, including areas within municipal or non-profit organizational structure – 8 maximum points	0
	Positive impacts on health, safety, and welfare of stakeholders directly affected by ARPA funding investment – 8 maximum points	0
	How many jobs will be retained or created by the project- 9 mximum points	0
	How the proposed infrastructure project is eligible under the ARPA Program Guidelines and Guidelines of the U.S. Dept. of Treasury's Coronavirus State and Local Fiscal Recovery Funds Final Rule – 10 maximum points	0
	Project Timeline: list tasks necessary to begin project implementation. Identify work already completed and when remaining tasks will be completed. Estimate a project completion date and describe why project timeline is feasible. Is project "shovel ready"? - 10 maximum points	0
Total		0
Sub-Total		0
Citizen Participation - 10 Max. Pts.		
	How the overall citizen participation process directly relates to identification of solution strategies and application development – 4 maximum points	0
	Relevance of listed meeting/ hearing activities/comments on application and project development – 3 maximum points	0
	What other local resources (cash and in-kind) are directly related to the project and the cash value equivalent for all in-kind commitments - 3 maximum points	0
Total		0
Sub-Total		0
Matching - 25% Requirement - Must be Committed		
	40% = +1 point	0
	50% = +2 points	0
	70% = +3 points	0
	90% = +4 points	0
	100% = +5 points	0
Total		0
Sub-Total		0
Job Creation/Retention		
	1 job = +1 point	0
	2 jobs = +2 points	0
	3 jobs = +3 points	0
Total		0

Sub-Total		0
Multi-jurisdiction	3 bonus points	
Sub-Total		0
Other COVID Relief Funds Received		
	Zero (0) dollars = 5 points	0
	\$1 to \$50,000 = Zero (0) points	0
	\$50,001 to \$100,000 = minus 1 point	0
	\$100,001 to \$250,000 = minus 2 points	0
	\$250,001 to \$500,000 = minus 3 points	0
	\$500,001 to 1,000,000 = minus 4 points	0
	\$1,000,001 and higher = minus 5 points	0
Total		0
Sub-Total		0
Previous Covid Awards		
	2022 ARPA Grant Awardee = minus 5 points	0
	2023 ARPA Grant Awardee = minus 5 points	0
	2022 and 2023 ARPA Grant Awardee = minus 10 points	0
	2023 Applicant Not Awarded, Applying for Same Project in 2023 = 5 points	0
Total		0
Sub-Total		0
Total Points		0



AROOSTOOK COUNTY OPIOID TASK FORCE



SAMPLE

Announcement of Funding

Community Grants
Aroostook County Opioid Task Force
Completed Proposals Due:

Introduction

The **Aroostook County** Opioid Task Force is requesting proposals for Community Grants from organizations located in **Aroostook County** to implement opioid abatement remediation strategies. These strategies include Primary Prevention, Harm Reduction, Treatment, Recovery Support, Education & Training for Research, or other strategies for people living in **Aroostook County**.

Community Grants made from this Announcement of Funding (AOF) are funded from the **Maine** Opioid Abatement Trust Fund. Tennessee Code Annotated, § 33-11-103(p) states that 65% of the Trust Fund shall be disbursed for statewide, regional, or local opioid abatement and remediation purposes. Opioid funds shall not be used to provide payouts to individuals for financial relief nor on past projects.

Approximately \$1.1M is currently available in funding for allocation for Community Grants.

SAMPLE

Table of Contents

1. GENERAL CONDITIONS

- 1.1 Funding Information
- 1.2 Timelines
- 1.3 Proposer Eligibility
- 1.4 Communications
- 1.5 Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection
- 1.6 Proposal Review, Components, Scoring, and Selection
- 1.7 Task Force rights and obligations under this Announcement of Funding

2. COMMUNITY GRANT APPLICATION

3. ATTACHMENTS

Attachment A Proposed Budget

Attachment B Proposed Implementation Workplan

SAMPLE

GENERAL CONDITIONS

1.1. Funding Information

1.1.1 Project Period: Funding term for selected proposals is expected to start January 1, 2024. Duration is flexible based on Proposer's demonstrated need, timing of the program and WC Opioid Task Force approval for either 12 months or 24 months.

1.1.2 Funding Amount: The WC Opioid Task Force has not set a maximum funding amount for each approved application; however, \$1.1M in funding is currently available. Requests for funds should be reasonable based on the following guidance:

- Proposers should research industry standard reimbursement and/or funding rates for the projects and/or programs in which they are seeking funding.
- The Task Force reserves the right to deny applications if the requested amount exceeds the current range of reimbursement or funding for the program in Tennessee.

1.1.3 Allocations: Funding allocations will be awarded on the basis of how well a Proposer addresses guidelines and criteria of this Announcement of Funding. The actual amount available for a Grant Contract may vary depending on the number and quality of proposals received.

1.1.4 Subject to Funds Availability: Grant contracts awarded as a result of this Announcement of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the WC Opioid Task Force reserves the right to terminate Grant Contracts upon written notice to the Grantee.

1.1.5. Grant Contract Requirements: Grant contracts awarded as a result of this Announcement of Funding must comply with all applicable contract requirements and the Proposers application and will be subject to both programmatic and fiscal monitoring.

The WC Opioid Task Force Community Grants will be disbursed in one lump sum based on approval. The grants will not require invoicing and the funds are not considered federal or state. Any selected Grantee will be subject to fiscal and program monitoring which will be performed by the Williamson County Budget and Procurement Offices.

The WC Opioid Task Force will adopt the monitoring standards developed by the County's Procurement Office and in accordance with county's [Purchasing Policies and Procedures](#).

1.1.6. Semi-Annual Reports: Grantees will submit reports to the WC Opioid Task Force on a template prescribed by the Council. This report template will be made available to the Grantees no later than December 31, 2023. Reports will be due on March 1st and September 1st.

1.1.7. Title VI: Grantee agrees to comply with Title VI of the Civil Rights Act of 1964, which provides that no person in the United States shall, on the ground of race, color, or national

origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

1.2. Timelines

The following schedule of events represents the WC Opioid Task Force’s best estimate of the schedule that shall be followed. The WC Opioid Task Force reserves the right in its sole discretion to adjust this schedule as it deems necessary. In the event such action is taken, notice of such action will be posted on the WC Opioid Task Force website located at www.williamsoncounty-tn.gov/opioid.

Please take note that applications for this initial round of Community Grants will be accepted September 1 - September 29, 2023. Plans are being made to release an Announcement of Funding for Community Grants at least annually provided funds are made available to Williamson County from the Opioid Abatement Trust. At the time of the release of this Announcement of Funding, the next round of Community Grants is planned for September 2024.

SCHEDULE OF EVENTS:

Event	Timeline
RFA including application, budget & workplan posted on Williamson County website (www.williamsoncounty-tn.gov/opioid)	September 1, 2023
Proposers written questions regarding the Announcement of Funding and Application are due	September 15, 2023
WC Opioid Task Force to post Frequently Asked Questions in response to written questions	September 18, 2023
Deadline for Applications	September 29, 2023 @ 2:00p CST*
WC Opioid Task Force completes review & selects proposed applicants for funding	October 24, 2023
Funding resolution reviewed by County Commission’s Budget Committee	November 6, 2023
Funding resolution reviewed by full County Commission	November 13, 2023
Announcement of accepted proposals	November 15, 2023
Effective start date of contracts	January 1, 2024
Semi-annual report due	March 1, 2024

Semi-annual report due	September 1, 2024
------------------------	-------------------

*Applications received after the deadline will not be considered for funding.

1.3 Proposer Eligibility

1.3.1 The Proposer, for purposes of this Announcement of Funding, must:

- have a physical presence in Tennessee.
- be registered with the Tennessee Secretary of State and provide OR constituted an established governmental agency within the State of Tennessee.
- if applying for recovery housing funding, Proposer will be required to show current certification and/or recognition status through a state and/or nationally recognized recovery residence standards organization, any affiliate of any nationally recognized recovery residence standards organization OR the Proposer must be currently funded by the State of Tennessee or a federal department or agency to support and/or create a recovery residence.
- if applying for treatment funding, must be licensed as an agency by a Tennessee State Department (either Department of Health or Department of Mental Health and Substance Abuse Services) and provide proof.

Other considerations for the Proposer:

- May be an established or newly formed organization if the principals have an established history of service in and to the State of Tennessee and/or Williamson County
- May be in any IRS recognized tax-category (profit, non-profit/ not-for-profit, etc.)
- Organization does not have to have an agency license, unless specified above
- Organization does not have to have a specific dollar amount in their operating budget
- If applying for prevention funding, organization does not need to be certified as a prevention coalition.

1.4 Communications

1.4.1 Questions related to the application and funding may be posted on the WC Opioid Task Force website at www.williamsoncounty-tn.gov/opioid or sent to opioidtaskforce@williamsoncounty-tn.gov.

All Proposer communications concerning this procurement must be directed to the website or email address above. Unauthorized contact regarding this Announcement of Funding with members of the WC Opioid Task Force may result in disqualification.

A Frequently Asked Questions document will be posted to the WC Opioid Task Force website (www.williamsoncounty-tn.gov/opioid) by September 18, 2023.

1.5 Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection

1.5.1 Proposal Preparation: The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer.

1.5.2 Proposal Submission: Proposals must be submitted via **email at opioidtaskforce@williamsoncounty-tn.gov by September 29, 2023 at 2:00p Central Time**. Proposals must be complete and comply with all requirements of this Announcement of Funding to be eligible for review.

1.5.3 Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn only by the Proposer. The Proposer may withdraw the proposal by emailing opioidtaskforce@williamsoncounty-tn.gov.

1.5.4 Task Force Right to Reject Proposals: The WC Opioid Task Force reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this Announcement of Funding if it is in the best interest of the County as determined in the WC Opioid Task Force sole discretion. In the event such action is taken, notice of such action will be posted at www.williamsoncounty-tn.gov/opioid and notice of this posting will be distributed.

1.6 Proposal Review, Components, Scoring, and Selection

1.6.1 Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. Incomplete and noncompliant proposals, Proposers who are ineligible, and projects which are not listed on the application will not be reviewed.

The Proposer must select at least one section from the application:

- Treat Opioid Use Disorder
- Support People in Treatment and Recovery
- Connections to Care
- Address the Needs of Criminal Justice-Involved Persons
- Support the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome (“NAS”)
- Preventive Over-Prescribing
- Prevent Misuse of Opioids

- Harm Reduction
- First Responders
- Research
- Other

The WC Opioid Task Force recognizes the need to ensure that funding provided for Community Grants provides the maximum benefit to the citizens of Williamson County. Grantees are selected based on how the project's impact, innovation, integration, evidence base, feasibility, sustainability, and credibility within the systems which work towards opioid abatement and remediation.

1.6.2 Proposal Selection: The WC Opioid Task Force will notify all Proposers by e-mail informing them of the outcome of those selected for contracting by close of business November 15, 2023.

All grant proposals are reviewed and evaluated by members of the WC Opioid Task Force. Based upon the evaluations, proposal selections will be made and submitted for approval to the WC Opioid Task Force, and final approval of Williamson County Commissioners.

The Williamson County Budget & Procurement Offices reserves the right to further negotiate proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the Williamson County Budget & Procurement Offices reserves the right to consider past performance under other Williamson County contracts.

1.7 The WC Opioid Task Force rights and obligations under this Announcement of Funding

1.7.1 The WC Opioid Task Force reserves the right to make any changes to the Announcement of Funding, timeline of events, proposals selected, the scope of services, the amount of funding, and any other aspect of this process as deemed necessary before issuing the final Grant Contract. In the event the WC Opioid Task Force decides to amend, add to, or delete any part of this Announcement of Funding, a written amendment will be posted at www.williamsoncounty-tn.gov/opioid and notice of this posting will be distributed.

1.7.2 The WC Opioid Task Force reserves the right to cancel, or to cancel and re-issue, this Announcement of Funding. In the event such action is taken, notice of such action will be posted at www.williamsoncounty-tn.gov/opioid, and notice of the posting will be distributed.

1.7.3 The WC Opioid Task Force reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

1.7.4 The WC Opioid Task Force reserves the right to not issue any Grant Contracts in response to this Announcement of Funding.

1.7.5 The WC Opioid Task Force reserves the right to further negotiate proposals selected to be awarded funds prior to executing a Grant Contract.

1.7.6 The WC Opioid Task Force obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the Grantee and Williamson County Mayor and after the Grant Contract is approved by all other officials in accordance with applicable laws and regulations. The WC Opioid Task Force shall have no obligation for services rendered by the Grantee which are not period within the specified Grant Contract term.

1.7.7 Grant contracts awarded as a result of this Announcement of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the Williamson County Mayor at the direction of Williamson County Commissioners reserves the right to terminate Grant Contracts upon written notice to the Grantee.

SAMPLE

2. Community Grant Application



WILLIAMSON COUNTY OPIOID FUNDING APPLICATION

Applying Agency:
Federal Identification Number (FEIN#):
Project Name:
Amount Requested:

Contact person for matters involving the proposal:
Name:
Title:
Phone Number:
Email Address:

Person authorized to sign contract if grant is awarded:
Name:
Title:
Phone Number:
Email Address:

Is this a single year or two-year grant funded request? _____

APPLICATION FOR GRANT FUNDING

PROJECT INFORMATION

Provide a brief, one-sentence description of your proposed project. (20 words)

Please choose the one area that best describes your agency's work.

- Addiction counseling/therapy
- Addiction treatment facility
- Drug prevention
- Drug testing
- Transitional housing
- Other (provide explanation)

Select the population(s) served by your organization.

- Youth/adolescents
- High-risk individuals
- Individuals seeking counseling/therapy
- Individuals seeking recovery options
- Individuals currently in recovery
- Family members or loved ones impacted by addiction
- Other (provide explanation)

How many individuals will be served by your organization in the upcoming year?

- 100 – 499
- 500 – 999
- 1,000 – 1,500
- >1,500

Please select the area(s) that best describe the goal(s) of this proposed program.

- **Treat Opioid Use Disorder (“OUD”):** Support treatment of OUD and any co-occurring Substance Use Disorders (“SUD”) or Mental Health (“MH”) conditions through evidence-based strategies or programs that may include the expansion of treatment availability, expansion of telehealth, withdrawal management services, and support for evidence-based services that adhere to the American Society of Addiction Medicine continuum of care for OUD and any co-occurring condition.
- **Support People in Treatment and Recovery:** Support people in recovery from OUD and co-occurring SUD/MH conditions through evidence-based strategies or programs that may include counseling, access to housing, transportation to treatment, and case-management.
- **Connections to Care:** Connect people who have or are at risk of developing OUD and any co-occurring SUD/MH conditions through evidence-based programs or strategies that may include ensuring health care

providers are screening for OUD and other risk factors and know how to appropriately counsel and treat a patient for OUD treatment, providing training for Screening, Brief Intervention, and Referral Treatment (“SBIRT”) in key areas (health, schools, colleges, criminal justice, and probation), and supporting crisis stabilization centers and assistance programs for individuals with OUD.

- **Address the Needs of Criminal Justice-Involved Persons:** Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-informed programs or strategies.
- **Support the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome (“NAS”):** Address the needs of pregnant and parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with NAS through evidence-based programs or strategies that may include treatment, recovery services, training for obstetricians or other healthcare personnel, offering home-based wrap-around services to persons with OUD and co-occurring conditions such as parent skill training, and providing support for services, and funding related to children being removed from the home and/or being placed in foster care due to custodial opioid abuse.
- **Preventing Over-Prescribing:** Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based programs or strategies that may include training for health care providers, support for non-opioid pain treatment alternatives, supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), increasing electronic prescribing to prevent diversion or forgery, and educating dispensers on appropriate opioid dispensing.
- **Prevent Misuse of Opioids:** Support efforts to discourage or prevent misuse of opioids through evidence-based programs or strategies that may include funding media campaigns to prevent opioid misuse, public education related to drug disposal, drug take-back disposal or destruction programs, supporting evidence-informed prevention programs and curricula to address opioid-misuse or related SUD/MH conditions, and supporting access to mental health services for young people.
- **Harm Reduction:** Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based programs that may include increasing availability and distribution of drugs that treat overdoses, training and education regarding drugs that treat overdoses, public education relating to immunity and Good Samaritan laws, syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, expanding access to testing and treatment for infectious diseases resulting from intravenous opioid use, supporting program harm reduction services, and supporting screening for fentanyl in routine clinical toxicology testing.
- **First Responders:** Support education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs; and provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

Williamson County Opioid Task Force Community Grants

- **Research:** Support opioid abatement research including monitoring, surveillance, data collection and evaluation of OUD treatment and prevention strategies, research non-opioid treatment of chronic pain, research on harm reduction and prevention efforts, and research to reduce and deter opioid misuse.
- **Other:** Other goal(s) that do not align with the areas defined above. Please provide a brief description. (50 words)

PROJECT NARRATIVE

1. Provide a clear and thorough overview of the project including major activities that will be conducted as part of this project. Your response should include any information and data specific to the identified need and intended results. With each activity include who will implement it including their roles and responsibilities. (500 words)
2. What are the goals, objectives, and strategies/activities for this project? (500 words)
3. What evidence suggests that your project will be beneficially impactful to the treatment, recovery, and/or prevention of Opioid Use Disorder or other qualified use? (150 words)
4. Provide detailed demographics of the audience you plan to serve or reach and how the population was selected. Include an estimate of how many people you reasonably predict to impact through this project and percentage of those who are Williamson County residents. (150 words)
5. Please complete the *Project Implementation Work Plan* to indicate a) activities & timelines; b) person(s) responsible for completing activities; c) project costs; and anticipated outcomes.

OUTCOMES

1. How will you evaluate this project to determine if goals are met? (150 words)
2. Please describe the expected outcomes/ impact of the project. A copy of each product developed should be included in your final report. (200 words)
3. If your proposal is chosen for funding, how will the project be sustained after the grant ends? Will the project become part of your organization's budget? If no, why? What financial impact will this grant have? (75 words)
4. Please provide a brief description of other project(s) your agency/organization has successfully implemented. (150 words)

BUDGET NARRATIVE

Williamson County Opioid Task Force Community Grants

1. Please submit a budget narrative and complete the *Project Budget Form* indicating how funding will be used and how the amounts were derived. Note the funding may not be used to support existing program operations or salary, or activities unrelated to the development or implementation of the proposed project. (300 words)
2. Have you received grant funding from another federal, state, city, county, or public/private entity to fund this or other related projects? (YES or NO)
3. Is your organization charging a fee or billing insurance for services provided in the project defined above? (YES or NO)
4. If you receive only partial funding for this project, will you still be able to effectively use funds for the identified purpose? If so, how? (150 words)

I hereby certify to the best of my knowledge and belief that the information submitted with this request is accurate. I agree to promptly notify the Budget Director of Williamson County, Tennessee of any material changes to the information provided herein. I further certify this agency/organization will ensure no person shall be excluded from participation or denied services or benefits or subjected to discrimination under any program or activity receiving financial assistance from the Williamson County Opioid funding on the grounds of race, color, age, sex, disability, or national origin.

Date

Signature

Title

ATTACHMENT A Proposed Budget

Name of Agency/Organization:

Federal Identification Number (FEIN#)

Contact name, phone number & email

Amount REQUESTED for this Grant:

(Amount Requested will automatically fill in under INCOME in the Foundation line item below):

ENTIRE BUDGET for this Program:

INSTRUCTIONS: Identify sources of funding and amounts for this request under the appropriate line items below. You must identify funds allocated, committed, or pending for this project through your organization's budget or monies raised from other funding sources. Your project expenses and income should equal your project budget. **EXAMPLE:** If your project budget is \$20,000 then you should show expenses totaling \$20,000 **AND** income totaling \$20,000.

EXPENSES

-Planned Use of Opioid Settlement Funds - In the first column, indicate the specific line items and amounts where the proposed grant dollars would be used.

-Funds you are contributing or that you have already secured from others - In the second column, itemize the other expenses for this project.

The Total Column will add automatically. Use whole numbers only; no characters or symbols.

Expenses	Planned Use of Opioid Settlement Funds	Funds COMMITTED or ALLOCATED to this Program	TOTAL
PERSONNEL & SALARIES			
Contracted Services			
Professional Fees			
Permanent Staff			
PROGRAM			
Program Expenses/Materials			
Marketing			
Postage/Mailings			
Printing			
Supplies			
TECHNOLOGY/EQUIPMENT			
Equipment			
Computer/Computer Peripherals			
Equipment Maintenance/Rental			
OTHER EXPENSES (Specify)			
TOTAL PROJECT EXPENSES	\$0	\$0	\$0

INCOME

Williamson County Opioid Task Force Community Grants

~Funds you are contributing or that you have already secured from others - In the first column, show funds in hand or monies from other sources that would be used to fund this project.

~Total Pending - In the second column, show monies yet to be received for this project, including your requested grant amount and projected notification date.

The Total Column will add automatically. Use whole numbers only; no characters or symbols.

Identify Income Sources	Funds COMMITTED or ALLOCATED to this Program	Total Pending	Notification Date
Organizational Budget			
Contributions from Individuals/Businesses			
Government Funding			
Foundations			
Additional Sources (e.g., fees for services collected; insurance reimbursement)			
Opioid Settlement funds (this grant)			
SUBTOTAL			
	TOTAL		

SAMPLE

ATTACHMENT B Project Implementation Workplan



WILLIAMSON COUNTY OPIOID FUNDING

Using the table below, please outline the activities that will be most important in achieving your proposed objectives. Your completed Work Plan will show us: (1) what you are doing and when, (2) who is responsible for implementing the project, (3) costs associated with each proposed objective, and (4) the results you expect from each of your activities. **You may add or delete rows as necessary.**

Organization: **[Please type your organization's name here]** Organization/Agency FEIN#: _____

Project Budget: **[Enter amount here]** Requested Grant Amount: **[Enter amount here]**

Contact Information: **[Please type the contact person's name, phone number and email]**

The project budget must match or be greater than your grant request. Your project budget should include the amount invested by your organization and this grant. **PLEASE NOTE: Permanent Staff, Administrative, Indirect and Overhead costs MAY NOT be requested under Use of Grant Funds but may be shown under Your Organization's Contribution portion of the Financial Projection section.**

Objective	Action	Timeframe	Responsible Person	Financial Projection Use of Opioid Settlement Funds	Financial Projection Your Organization's Contribution	Proposed Measures of Success	Outcomes
The direct, tangible, and measurable result you are seeking to achieve.	How the project will be put into action to achieve each objective (you may enter more than one activity per row, as each objective may have multiple activities associated with it).	The start and end dates of the period during which each activity will occur.	The individual/agency who is accountable for each project activity.	What will the requested grant funds be used for to achieve the costs associated with this objective?	What is your organization contributing towards the costs associated with this objective?	How the success of the project will be assessed in reaching the objective.	What will be different if you successfully implement this project?

**AROOSTOOK COUNTY OPIOID TASK FORCE
APPLICATION SCORING RUBRIC**

PROPOSAL CONTENT/SCORING CRITERIA	MAXIMUM POINTS AVAILABLE
PROJECT NARRATIVE	
Identification of Activities & Intended Results	15
Goals, Strategies and Objectives	10
Impact & Evidence	10
Number of Targeted Population Impacted	5
OUTCOMES	
Evaluation Plan	10
Expected Outcomes	10
Sustainability	5
Organizational Experience with other projects	5
BUDGET	
Budget Narrative/Justification	10
Budget Detail on Excel Template	10
Project Workplan	10
TOTAL	100