



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

**AROOSTOOK COUNTY
OPIOID SETTLEMENT FUND
APPLICATION**

Aroostook County is projected to receive a total settlement of approximately \$2.7 million dollars over the next 13.5 years from various Opioid Settlements. These are estimations only and actual payments may be more or less as settlements are finalized over the years to come. In this first round of funding, the County will make available a total of \$300,000 to be distributed equally across the 4 pillars (Treatment, Recovery, Prevention, and Harm Reduction). *It is very important to read the complete Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds to ensure all required information for the application is provided for maximum application scoring potential.*

Applicants must choose from eligible Opioid Settlement Fund Categories listed in the Memorandum of Understanding. All applications must be received via the mail or electronically by **4 p.m., Monday, December 16, 2024.**

Applications and other documents must be sent to County Commissioners' Office, 144 Sweden, St, Suite 1, Caribou, ME, 04736 or via email to ryan@aroostook.me.us.

Late submissions will not be accepted.

Note: This form must be completed as part of the application; additional information may be required upon assessment of the application. For further information: 207-493-3318.

Opioid Settlement Funding Application Overview

1. Introduction

Aroostook County Opioid Settlement Funds will provide funds to implement proposed programs/projects that deal with opioid related issues and meet the Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds. ***All approved funding awards are at the discretion of the Aroostook County Commissioners.***

2. Letter of Intent as Opioid Settlement Funds Eligibility Requirement

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

3. Matching Funds Recommendation

Applicants for Opioid Settlement funds are recommended to demonstrate they will provide a direct cash match of at least 25% of the total Opioid Settlement award. The 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, if applicable.

4. 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.

5. Maximum Opioid Settlement Fund Award Amounts:

- Treatment - \$75,000
- Recovery - \$75,000
- Prevention - \$75,000
- Harm Reduction - \$75,000

6. Application Limit

One application per applicant. Multiple applications will not be accepted. We recommend that all applicants submit applications for their priority category only.

7. Application Process

Step 1

A. Letter of Intent – see Number 2.

B. Completed Application

The application must provide a narrative description of the Strategy, Impact, and Sustainability relating to opioid remediation 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.

C. Project Implementation

Following contract execution, the applicant will be awarded Opioid Settlement funds and will begin to implement their project.

8. Application Scoring

Members of the Opioid Task Force 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. **Strategy – 35 points**
- B. **Impact – 35 points**
- C. **Sustainability – 30 points**

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.

**Opioid Settlement Funds
Project Cost Breakdown**

Project Name	Opioid Settlement Funds Request	Matching Funds	Total Project Cost

Matching Funds Table

Funding Source	Grant/Loan	Amount

Opioid Settlement Related Funds Already Awarded

Funding Source	Grant/Loan	Year	Amount

DETAILS OF THE OPIOID SETTLEMENT FUND REQUEST	
Name of Project/Request:	Click or tap here to enter text.
Eligible Opioid Settlement Funding Category:	Click or tap here to enter text.
Dollar Amount of Settlement Funds Requested from County of Aroostook:	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.

Project Scope of Work and Funding Eligibility

Explain your organization’s opioid crisis remediation project and proposed description of how Opioid Settlement funding will impact your remediation efforts within Aroostook County. Maximum 1000 words.

DRAFT

Cite specific language in the Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds supporting your request for funds. Maximum 1000 words.

DRAFT

Explain in detail the purpose of the funds, how they will be expended, who will benefit, what demographic 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. Maximum 1000 words.

DRAFT

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

DRAFT

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
- 501(c)(3) Determination Letter for Non-Profit Organizations

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

For Office Use Only

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