PULASKI COUNTY OPIOID SETTLEMENT FUNDS
2027 GRANT APPLICATION

Opioid manufacturers reached a settlement with many states, including Indiana, resulting in the distribution of funds to Pulaski County. The 2027 grant year will begin January 1, 2027, and end on December 31, 2027. However, all claims must be submitted by November 30, 2027. For the 2027 grant cycle, there will be approximately $30,000.00 available for grant distribution. These funds will be distributed to organizations that are actively working to address substance use issues in Pulaski County. A successful grant application will identify how they will work to address one or more of the priorities listed on the attachment.

All applications are due by 4:00 PM on September 18, 2026. Each applicant must submit one original document, with original signatures for each project request. Organizations may apply for more than one project. Applications may be delivered in person, mail or email to:

Marie Roth
Pulaski County Drug Free Council
125 S. Riverside Drive
Winamac, IN 46996-0263
mroth@pulaskicounty.in.gov

Only complete applications will be reviewed. Complete applications will include the following items:

- ✓ Application Cover Sheet
- ✓ Narrative Description of Project or Program
- ✓ Budget Information

All grants which meet the application guidelines will be considered by the Opioid Settlement Funds Grants Committee. Those applications recommended by this committee must then receive approval from the County Commissioners to be eligible for funding.

Organizations that receive funding from the Opioid Settlement Funds will be expected to complete the following conditions.

- ✓ Complete and submit a mid-year report by July 1, 2027.
- ✓ Complete and submit a year-end report by January 1, 2028.

Failure to meet these guidelines may result in a request to return the award or make your organization ineligible for future funding.

For any other questions or concerns about your grant application, please contact Marie Roth at mroth@pulaskicounty.in.gov.

APPLICATION COVER PAGE

NAME/TITLE OF CONTACT PERSON:

ADDRESS:

TELEPHONE NUMBER:

E-MAIL:

NON-PROFIT ORGANIZATION? (IF YES, *INCLUDE TAX DETERMINATION LETTER*) ☐ **YES** ☐ **NO**

NAME OF PROJECT:

AMOUNT REQUESTED:

PLEASE CHECK WHICH PRIORITY AREA(*S*) YOU ARE APPLYING FOR:

☐ **EDUCATION/PREVENTION**

☐ **INTERVENTION TREATMENT/RECOVERY**

☐ **HARM REDUCTION**

☐ **JUSTICE SERVICES/FIRST RESPONDERS**

WHAT IS YOUR ESTIMATE OF THE NUMBER OF PULASKI COUNTY RESIDENTS WHO WILL BE SERVED BY THIS PROJECT?

IS THIS AN ONGOING PROJECT OR A PROPOSAL FOR A NEW PROJECT?

IF YOU RECEIVE GRANT FUNDING, DO YOU INTEND TO CONTINUE THE PROJECT BEYOND THE GRANT PERIOD?

HOW LONG HAS YOUR ORGANIZATION BEEN PROVIDING SERVICES IN PULASKI COUNTY?

ARE YOU RECEIVING ANY OTHER OPIOID SETTLEMENT FUNDS FROM ANOTHER ENTITY OR ENTITIES?

SIGNATURE OF AGENCY AUTHORIZED AGENT

NAME **DATE**

SIGNATURE OF AUTHORIZED OFFICIAL
Accepted Signatories: Board President – Supervisor – Director
Sheriff – Police Chief – Superintendent – County Commissioner

NAME **TITLE** **DATE**

NARRATIVE DESCRIPTION OF PROJECT OR PROGRAM

IF NEEDED, USE SEPARATE SHEET(S)

BRIEFLY DESCRIBE YOUR ORGANIZATION, INCLUDE YOUR MISSION STATEMENT AND WHO IS SERVED THROUGH YOUR ORGANIZATION.

BRIEFLY DESCRIBE THE PROJECT OR PROGRAM FOR WHICH FUNDS ARE REQUESTED.

DESCRIBE HOW THE PROJECT YOU ARE PROPOSING WILL ADDRESS THE PRIORITY AREA(S) ABOVE. THIS SECTION SHOULD ADDRESS THE SPECIFIC NEED IN THE COMMUNITY AND SUPPORTING EVIDENCE OF THE NEED, FOR EXAMPLE STATISTICS FOR OUR COMMUNITY THAT DEFINE THE NEED.

PLEASE IDENTIFY OUTCOMES AND/OR OBJECTIVES THAT WILL BE ACCOMPLISHED THROUGH THIS PROGRAM. THIS SHOULD ADDRESS HOW YOU WILL MEASURE THE OUTCOMES AND OBJECTIVES. FOR EXAMPLE, HOW WILL YOU GATHER DATA AND WHAT DATA WILL YOU GATHER?

PLEASE GIVE A TIMELINE FOR PROJECT ACTIVITIES.

APPLICANTS MUST PROVIDE A BUDGET FOR THE PROPOSAL. PLEASE IDENTIFY HOW GRANT MONEY WILL BE USED IN THE FOLLOWING CATEGORIES. IF REQUESTING FUNDS FOR SUPPLIES OR EQUIPMENT, PLEASE LIST THE COST OF EACH ITEM.

BUDGET CATEGORY	TOTAL PROJECT NEED	AMOUNT REQUESTED FROM OSF
STAFF EXPENSES		
TRAVEL		
SUPPLIES		
EQUIPMENT		
CONTRACT FEES		
OTHER ( )		
TOTALS		

PLEASE LIST OTHER EXPECTED SOURCES OF FUNDING.

DO YOU HAVE ANY EXPECTED PARTNER AGENCIES FOR THIS PROJECT? IF SO, PLEASE DESCRIBE.

ADDITIONAL ATTACHMENT REFERENCE:

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