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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form \_\_\_  Barry County, Missouri | | | **Application for Funds**  **Opioid Settlement Agreement** | | | | | | Date | |
| NOTE: This Application for Funds is for the use of funds allocated to [Barry County], Missouri pursuant to Settlement Agreements reached in the national opioid multidistrict litigation involving Teva, Allergan, CVS, Walgreens, Walmart, Janssen, Cardinal, McKesson, and AmerisourceBergen for the purpose of opioid remediation, as described in the applicable Settlement Agreement. | | | | | | | | | | |
| **PART I** | **Applicant Information** | | | | | | | | | |
| Type  or  Print | **Applicant’s Name (see instructions)** | | | | | | **Contact Name** | | | |
| Enter your Name | | | | | | Enter the contact name for entities | | | |
| **Mailing Address (see instructions)** | | | | | | **Contact Position (see instructions)** | | | |
| Enter your Address | | | | | | Describe the contact person’s position | | | |
| **City** | | | **State** | **Zip** | | **Phone Number** | | | |
| Enter your City | | | State | Zip | | Phone Number (\*\*\*) \*\*\*-\*\*\*\* | | | |
| **Physical Address (see instructions)** | | | | | | **Email** | | | |
| Enter your Address | | | | | | Email Address | | | |
| **City** | | | **State** | **Zip** | |  | | | |
| Enter your City | | | State | Zip | |  | | | |
| **Entities mission or purpose (see instructions)** | | | | | | | | | |
| Describe your entity’s overall mission or purpose | | | | | | | | | |
| **Description of requesting entity’s general business and operations:** Describe the general business and operational activities of the requesting entity in detail. Attach another page if necessary. | | | | | | | | | |
| **PART II** | **Opioid Remediation Purpose** | | | | | | | | | |
| Select the purposes for the use of funds. See instructions for descriptions of specific approved uses under each use category. Select all that apply. | | | | | | | | | | |
| **Preferential Core Strategies** | | | | | | | | | | |
| Naloxone (or other FDA-approved drug) | | | | | | prevention programs | | | | |
| medication-assisted treatment | | | | | | expanding syringe service programs | | | | |
| pregnant & postpartum women | | | | | | treatment for incarcerated population | | | | |
| expansion of warm hand-off programs and recovery services | | | | | | evidence-based data collection and research analyzing the effectiveness of abatement strategies | | | | |
| expanding treatment for neonatal abstinence syndrome | | | | | |  | | | | |
| **Other Approved Uses (may overlap with above Core Strategies)** | | | | | | | | | | |
| treatment of opioid use disorder | | | | | | support people in treatment and recovery | | | | |
| connections to care | | | | | | address the needs of criminal justice-involved persons | | | | |
| address the needs of parenting women and their families | | | | | | preventing over-prescribing and ensure appropriate prescribing and dispensing of opioids | | | | |
| prevent misuse of opioids | | | | | | prevent overdose deaths and other harm | | | | |
| first responders | | | | | | leadership, planning, and coordination | | | | |
| training | | | | | | research | | | | |
| other (please specify): | | | | | | | | | | |
| Description of purpose for requesting opioid settlement funds: Describe the purpose for requesting funds in detail. Attach another page if necessary. | | | | | | | | | | |
| **PART III** | **Requested Funds for Each Approved Use** | | | | | | | | | |
| Use: Choose an item. | | | | | | Amount Requested: Enter dollar amount requested | | | | |
| Use: Choose an item. | | | | | | Amount Requested: Enter dollar amount requested | | | | |
| Use: Choose an item. | | | | | | Amount Requested: Enter dollar amount requested | | | | |
| Use: Choose an item. | | | | | | Amount Requested: Enter dollar amount requested | | | | |
| Use: Choose an item. | | | | | | Amount Requested: Enter dollar amount requested | | | | |
| Use: Choose an item. | | | | | | Amount Requested: Enter dollar amount requested | | | | |
| Use: Choose an item. | | | | | | Amount Requested: Enter dollar amount requested | | | | |
| Total Amount Requested for all Approved Uses: Enter dollar amount requested | | | | | | | | | | |
| **PART IV** | **Certification** | | | | | | | | | |
| By submitting this Application for Funds, you acknowledge and agree that the use of the funds is limited by the Settlement Agreements and state and federal law. You agree that you will not use the funds for any purpose other than as set forth in this Application without the written approval of Barry County, Missouri, which approval may be withheld or conditioned in Barry County, Missouri’s sole and absolute discretion. You acknowledge that failure to use the funds for the purpose set forth in this Application for Funds may subject you to civil and criminal penalties. | | | | | | | | | | |
| **SIGN HERE** | Under penalty of perjury, I declare that the above Application for Funds Opioid Settlement Agreement is true and correct in all material respects and that the entity first named above intends to use all requested funds for the purpose so stated above. I declare that I have full legal authority to execute this Application for Funds Opioid Settlement Agreement. | | | | | | | | | |
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| Signature of officer | | | | |  | Title | |  |

**Instructions to Application for Funds Opioid Settlement Agreement**

1. This Application for Funds Opioid Settlement Agreement contains fillable fields and drop-down menus. Please use them.
2. Fill out the entire application as completely as possible. Incomplete applications will not be processed.

**Part I**

1. List the legal name of the requesting entity. Funds will not be disbursed to individual applicants.
2. List the mailing address for the requesting entity.
3. List the physical address of the requesting entity.
4. List the individual responsible for the application and who will be a contact for [Barry County], Missouri with respect to the application and any funds distributed pursuant thereto.
5. List the overall purpose of the entity as it relates to the application, such as “mental health clinic that treats controlled substance abuse, including opioid addiction.”
6. Generally describe the overall activities of the requesting entity.

**Part II**

1. Applicants may request funds for one or more purposes. The Settlement Agreements provide preferential “Core Strategies” as well as other approved uses. Funds may be provided for other uses related to opioid remediation as well. Such other proposed use should be described in detail. Applicants should refer to Exhibit E of the Settlement Agreements, attached below, for a list and description of approved uses.

**Part III**

1. List the total amount of funds requested for each approved purpose and the total amount of all funds requested.
2. Applicants are not guaranteed any funds. Funds will be allocated based on a variety of factors, including the proposed purpose matching both the core strategies or approved strategies of any Settlement Agreement, the proposed purpose matching the goals of [Barry County], Missouri, the order in which applications are received, and the availability of funds by [Barry County], Missouri.