SALINE COUNTY / CITY OF SALINA APPLICATION GUIDELINES
2026 OPIOID SETTLEMENT FUND GRANTS

I. Applications are accepted only from non-profit organizations. The organization must have been in active operation for at least two years prior to receiving funding.

II. Applications must propose to address one or more of the four goals of the Opioid Needs Assessment:

a. Improving access to treatment and services.
b. Expanding prevention, education and awareness efforts.
c. Reducing stigma towards people who use drugs.
d. Strengthening support for people in recovery.

III. All funds received by the organizations must be used on an Approved Purpose, as defined by the Kansas Opioids Memorandum of Understanding between the Attorney General, the League of Kansas Municipalities, and the Kansas Association of Counties, as follows: “projects and activities, including, but not limited to law enforcement, that prevent, reduce, treat or mitigate the effects of substance abuse and addiction”.

IV. Allocations will be made on an annual basis **unless clearly specified and approved** for a longer project period.

a. Program descriptions should reflect the anticipated activity and results for the next 12 months.
b. By October 1 of each year, the organization will provide the County with a report detailing the activities and results accomplished in relation to the goals outlined in the application. Failure to submit the required report will render the organization ineligible to apply for future funding.
c. For projects approved for multi-year funding, payment for subsequent years may be suspended if the programs represented in the report required by IV(b) are not meeting the goals of the Opioid Settlement Funds.
d. Payments will be made quarterly upon receipt of an invoice showing the activities accomplished during the prior three months. Upon request, up to one-fourth of any awarded amount may be advanced to the organization for initial set-up costs.

Instructions

- Please type and single-space all proposals.
- Please answer all of the questions in the order listed.
- Please use headings as provided.
- Please submit only one copy

APPLICATION FOR 2026 OPIOID SETTLEMENT FUNDS

Agency Name_____

Address_____

Telephone Number_____

Contact Person(s)_____

Email Address_____

Year your organization was established_____

1.Agency description. Provide a detailed description of your agency's programs and the services it provides. Please provide proof of nonprofit status.

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Proposal Information

2. Description of Need (What is the issue you plan to address? What are the demographics and number of people you plan to serve, if applicable?)

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3. Description of Planned Program. Describe the anticipated activities and results which you plan to achieve with grant funding.

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4. Describe how your proposed program meets one or more of the four goals of the Opioid Needs Assessment.

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5. If applicable, describe how your program will continue past the current grant cycle.

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6. How much funding are you requesting from the grant? $_____.

7. Attach a detailed budget of the project for which funds are being sought, clearly showing other funding sources and how the grant dollars play into the total funding picture.

8. Anything else you would like to add?_____

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Please include the following supplemental information:

- Evidence of past successes in implementing programs similar to the one proposed in your application.
- Information regarding the staff who will be in charge of implementing the program if funded, including their qualifications and capacity to undertake the work.
- Description of cooperative relationships your organization maintains with other providers in the substance use prevention/treatment space, and information that distinguishes your proposed program from other existing offerings in the community.
- A letter signed by the Chairperson of your board or your Chief Executive stating that the submitter is authorized to submit the grant on behalf of the organization.
- A copy of your organization's most recent quarterly financial statements.
- A W-9 (if you have not previously been a vendor for Saline County).