

APPLICATION FOR OPIOID SETTLEMENT DOLLARS

Agency/Organization: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

As part of the settlement agreement entered into by the county to receive opioid settlement dollars, there are certain approved uses for the funds with priority given to nine core strategies. For more information, on approved uses visit Monona County Attorney website: mononacountyiowa.gov/attorney/

Amount requested: _____

Specify the Core Strategy or other approved use that your request falls into:

Project Abstract (Add additional sheets if necessary):

[illegible]

Target number of people to serve with the funding

Other resources supporting the proposed project:

If your request does not fall into a Core Strategy or other approved uses, please detail how your intended use supports opioid and/or other drug rehabilitation.

By signing this application, I agree to follow all state and federal laws and work within the approved scope of the opioid settlement agreement.

Signature of Person Requesting Funds/Title

Date

Please allow up to 30 business days for review by the County Attorney. If approved by the County Attorney, your application will be submitted to the Board of Supervisors for approval. You will be notified prior to the submission of the application to the Board of Supervisors.

Date received by County Attorney: _____

- ☐ Approved
☐ Not Approved

If not approved, reasoning:

Haley Bryan, County Attorney

Date

Chairman of Board of Supervisor

Date