

Roane County Opioid Abatement Council Community Impact Grants Announcement of Funding

Due to the extensive damage and loss of life caused by the opioid crisis that was brought on by the unethical and over-prescribing of opioid medications, the state of Tennessee will be receiving over \$1 billion over 18 years in settlement funds from several large corporations. Roane County has been allocated a portion of these funds, which will be received in annual payments. The County has established the Roane County Opioid Abatement Council to oversee the spending of these funds to ensure they are used to remediate the opioid crisis and save lives. The council will invite community organizations to apply for these funds annually.

Availability of Funds

Community Impact grants fund smaller scale one-time projects focused on prevention, treatment or recovery that fall within the approved remediation uses (outlined in Eligibility section of this announcement).

The selection process for funding will utilize a competitive process, and the number of awards will be dependent on the amount of funds available for annual allocation. The amount of funds available and dates of application submissions and awards will differ annually. For FY26 proposals for Community Impact grants will be accepted any time and will be reviewed and awarded on a quarterly basis.

Award amounts will vary as determined by the scope of the projects. Proposed budgets cannot exceed **\$5,000**.

Eligibility

Applications will be accepted from any organization that serves residents of Roane County but will only be distributed to those that provide services that fall within the approved remediation uses set forth by the TN Opioid Abatement Council, listed below in Allowable Uses of Funds and outlined in [Exhibit E](#). If an applying organization is located outside of Roane County, funds will only be awarded to that organization if they are used to serve Roane County residents. The Roane County Opioid Abatement Council will dispense funds in accordance with all applicable rules and regulations that counties must adhere to when allocating funds to community organizations.

Required Documents for Application Submission

Proposals will be reviewed on a quarterly basis and must be submitted to the Roane County Mayor's Office by emailing jennifer.williamson@roanecountytn.gov with the following required documents:

- Application for funding
- Completed budget template
- State certification, licensure, or accreditation if applicable
- Letters of support from any project partners or collaborators if applicable

Community Impact Opioid Settlement Grant Application

Application Details

Application due date	Open application process
Anticipated notice of award	Awards will be announced quarterly based on submission date
Submission date	

Section One: Organizational Information

Organization Name: Federal Tax ID #:

Street Address: City: Zip code:

Type of organization: Non-profit and/or 501(c)(3) For profit Governmental

Purpose of organization:

Year established: Number of employees: Number volunteers:

Is the organization licensed or accredited by the state of TN? No Yes (*must attach documentation*)

Project contact name: Contact title:

Phone number: Email:

Section Two: Funding Information

Total Funding Request: \$

What percentage of the *total project cost* will the requested funds cover?

What percentage of *funds requested* will be used to serve residents of Roane County?

Budget Narrative

Please provide a detailed justification for each line item in the budget, explaining how these expenses support the project's objectives and goals. We recommend filling out the Budget first and then filling out this section.

Budget Template

Instructions: Add or delete rows as necessary. The [TN OAC's remediation list](#) must be used to determine which strategies are addressed.

Organization: [enter name]

Expense or Activity	Description	Strategy Addressed	Cost	Quantity	Total Cost
					\$0.00
					\$0.00
					\$0.00
				Project Total =	\$0.00

Section Three: Project Information

Project Details

Project title:

Strategies that will be addressed with funds (Select all that apply):

Primary Prevention

Recovery Support

Harm Reduction

Education & Training

Treatment

Research & Evaluation

Target population and geographical area:

Anticipated number of people served with requested funds:

Project description:

Supporting Data

Is the project evidence-based or based on promising practices?

No

Yes

If yes, provide links to supporting evidence:

Please provide data to support the need for the project in the community:

Is this a new or existing project? (Check one): New Existing

If this is an existing project, explain how these funds will fulfill project objectives.

Data Collection

Describe how your organization plans to collect and use data to continuously evaluate the project's progress and effectiveness.

Is there anything else you would like us to know about your project?