



**Scott County, Missouri
Opioid Settlement Funds
Application for Funding**

Agency Requesting Funding:	
Mailing Address:	
City, State, Zip:	
Phone:	
Street Address:	
City, State, Zip:	
Agency Contact:	
Contact Title:	
Contact Phone:	
Contact Email:	
Year agency established:	
Brief Summary of Services Provided by Agency:	
Number of full-time employees:	
Number of part-time employees:	
Number of persons served monthly:	
Client/service target:	
Agency service area:	
Current funding sources:	
Annual operating budget:	
Previous operating year revenue:	
Previous operating year expenses:	
Do you serve/accept (if applicable):	
-Insured persons	<input type="checkbox"/> YES <input type="checkbox"/> NO
-Uninsured persons	<input type="checkbox"/> YES <input type="checkbox"/> NO
-Under-insured persons	<input type="checkbox"/> YES <input type="checkbox"/> NO
-MO-HealthNet (any form)	<input type="checkbox"/> YES <input type="checkbox"/> NO
-MO-Medicare	<input type="checkbox"/> YES <input type="checkbox"/> NO
-Self-pay	<input type="checkbox"/> YES <input type="checkbox"/> NO
-Other (list)	
Are you a 501(c)(3) Nonprofit organization:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explanation, if applicable:	



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Total funding amount requested:	
Would you accept partial funding?:	
Completion and Submission of Schedule B Approved Uses Required	
Project proposal (attach additional pages as necessary):	
Budget details (attach additional pages as necessary):	
List measurable outcome(s) to be achieved. If submitting a request for various activities or uses, each use must include measurable outcomes (attach additional pages as necessary):	
Additional notes or comments for consideration:	
Application prepared by:	
Contact of preparer:	
Signature of applicant:	
Date submitted:	
For questions regarding this application please contact scottcoclerk@scottcomo.com	
THIS SECTION TO BE COMPLETED BY THE SCOTT COUNTY COMMISSION	
Amount Requested:	
Amount Approved: Full or Partial:	
Signatures of Scott County Commission:	
Notes:	