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	☐ YES	☐ NO
-Uninsured persons	☐ YES	☐ NO
-Under-insured persons	☐ YES	☐ NO
-MO-HealthNet (any form)	☐ YES	☐ NO
-MO-Medicare	☐ YES	☐ NO
-Self-pay	☐ YES	☐ NO
-Other (list)		
Are you a 501(c)(3)/ Nonprofit organization:	☐ YES	☐ NO
Explanation, if applicable:		

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Total funding amount requested:	
One-time funding:	☐ YES / N/A If one-time funding, funding period: _____
On-going funding:	☐ YES / N/A
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	
Date reviewed:	
Signatures of Scott County Commission:	
Review Board notes:	