Blair County Opioid Settlement Form

PROGRAM FUNDING REQUEST FORM COVER SHEET

Requesting Agency/Organization Information		
Agency Name:		
Not for Profit ☐	For Profit ☐	EIN:
Address:		
Phone Number:		URL:
Request Submitted by:		
Email:		

Proposed Programming Information			
Project Title:			
Program Type:	Evidence Based ☐	One-time Project ☐	On-going Project ☐
Areas of Exhibit E addressed			
https://paopioidtrust.org/getmedia/4877e10e-cb3f-44b7-acbc-465affc880e4/Exhibit-E-List-of-Opioid-Remediation-Uses.pdf			
Funds Requested	$		

NOTICE

- **Funding awards are contingent upon the approval of the Pennsylvania Opioid Trust**
  Recommended projects can expect a minimum of a six-month waiting period to receive the required confirmation of appropriateness from POMAAT and the subsequent release of funds.
- **Request cannot supplant funds already supporting the project and/or activities currently funded in the community**
- **All services must be provided to and/or for the benefit of the citizens of Blair County**

☐ **I understand the above requirements and have submitted this request in accordance with the proposal instructions.**

Signature: _____ Date: _____