Application for Opioid Abatement Funds

	Requests will be pre-reviewed by the Ohio County KY ASAP Board (Opioid Committee) before they are presented to the Ohio County Fiscal Court for consideration. This will ensure a timely review of the proposals. Factors that will be used to evaluate the proposal are as follows: *** Compliance issues.** *** Conformity to applicable Opioid Settlement Funds and OCFC administrative regulations.** *** Spending proposal as it relates to the four pillars of Opioid Abatement.** **1. Prevention** **2. Treatment** **3. Recovery** **4. Supportive service linked to one of these pillars.** *** The Ohio County Fiscal Court has the final approval for all applications presented.** *** Funds to benefit Ohio County Residents.** *** A Memorandum of Understanding will be required to be fully executed of application is approved. This will be generated by the OCFC.**
1	**Are you a 501c3 in good standing? Provide a copy of your certificate from Kentucky Secretary of State.** **Attach a copy to this application.**
2	**Legal name of your Organization:**
3	**List of officers: Provide addresses.**
4	**Meeting dates and frequency of meetings:**

5	List any additional funding sources you are currently receiving:
6	Purpose of your Organization.
7	Is your organization located in Ohio County? Yes or No
	Location of your organization?
8	If not located in Ohio County how will this request impact Ohio County?
9	How may people does your organization currently serve?
10	How does your organization come in contact with potential clients?
11	What is your target population to serve and how do you encounter those?
12	Additional information you wish to provide:

Detail(s) of Request	
Amount Requested:	$
Pillar Category: **Circle only one**	**Prevention Treatment Recovery Supportive service linked to one of these pillars.**
Use separate request form for each category.	
Narrative: Provide a detailed description for your request. Who/What/When/Where/Why	
How many people will be served by this request?	
Budget: Provide a detailed budget of request. Must provide how many of each item, cost of each item. Detailed cost of each purchase requested.	
If available list data that supports your request.	
Provide a timeline of when the funds will be used.	
Include any other relevant information regarding the proposed project/expenditure.	

To Note:
Purchase Orders are manidtory.
On-Sight visits may be conducted.
Must provide proof of each purchase by canceled check or bank statement. Invoice must be provided.

Budget Request Requirements/Documentation:

1 Requested budget must provide details:

a. Number of clients served.

b. Cost of item(s). Must show how each request is calculated.
Example: 5 Clients at $500 each rehab enrollment = $2,500

c. Name and address of rehab facility if applicable.

d. Proof that client is an Ohio County resident.

e. If client returning from incarnation from another jail/facility proof that client is returning to Ohio County.

f. All purchases MUST obtain a valid purchase order number from the Treasurer's Office before purchase is made. No reimbursement will be made without the purchase order number being obtained.

2 Examples of allowable expenditures:

a. Educational programs including materials and supplies.

b. Rehab Facility (must list client reference number, name and location of facility)

c. Transportation of clients directly related to rehabilitation of client. How will the requested transportation work? Who will provide the transportation? How will this be paid? A detailed log must be provided.

d. Short term housing for client. Must provide housing details.

e. Food for meeting(s).

f. Fee for short term programs/educational events.

g. Funding for new staff capacity specifically needed to implement new programs targeting Opioid use.

3 To note.... Ohio County Fiscal Court will pay invoices/bills directly to vendor when possible. All other expenditures will be on a reimbursement basis with proof of payment required.

4 Generally non-allowed expenditures:

a. Re-occurring payroll.

b. Utilities.

c. Capital Improvement Projects.

d. Large equipment purchases.

e. General operating expenses of a facility.
To note....Programs should not rely on Opioid Funding to provide basic operating expenses. Opioid funding is to provide direct value to clients and should be considered as short term/gap funding.

NOTE: The Ohio County Fiscal Court reserves the right to update this list at any time to include/exclude possible funding opportunities.

Request for Reimbursement of Funds

OPIOID SETTLEMENT FUNDS
EXPENDITURE DOCUMENTATION & NEXT DRAW REQUEST

Recipient: Complete this form after spending the current draw. Attach itemized receipts and proof of payment. Contact Fiscal Court before any purchase not clearly included in the approved budget.

1. Recipient and Draw Information

Organization Name:		Reporting as of:	
Contact name:		Phone/email:	

2. How the Spending Supports Opioid Abatement

Primary pillar: Select one pillar ☐ **Prevention** ☐ **Treatment** ☐ **Recovery** ☐ **Supportive service linked to one of these pillars**

What was purchased and why was it needed?			
How did it support the selected pillar and approved activity?			
People served (unduplicated, if known):		Outputs/results (e.g., rides, kits, sessions):	

3. Purchases

#	Date	Vendor	Receipt/invoice #	Item/service	Program use	Budget
1						
2						
3						
4						
5						
6						
7						
8						
9						

NOTE: Do not combine purchases that are for different pillars. Only list invoice on this page that match the pillar checked.

TOTAL

4. Vendor Verification and Conflict-of-Interest Review

☐ **To the best of my knowledge, the vendor is a legitimate business or service provider.**

☐ **No actual or apparent conflict of interest was identified In selecting this vendor.**

☐ **The vendor is not owned by, controlled by, or financially connected to an employee, officer, board member, or immediate family member of the recipient organization, unless the relationship was disclosed to and approved in writing by Fiscal Court before the purchase.**

☐ **If any statement above cannot be checked, an explanation and supporting approval are attached.**

5. What to Attach

☐ **Itemized receipt or invoice for each purchase Must attached proof of purchase by canceled check or bank statement.**

☐ **Written approval from Fiscal Court if the purchase differed from the approved budget or activity**

☐ **Quotes, bids, or vendor paperwork if Fiscal Court told you they were required before purchase**

☐ **Proof of payment using canceled check (front and back) or bank statement documenting EFT withdrawal that matched statement.**

6. Recipient Certification

I certify that these costs are accurate, were used for the approved opioid-abatement project, have not been reimbursed or submitted to another funding source, and have supporting documentation. I completed the vendor verification and conflict-of-interest review above truthfully. I disclosed any actual, apparent, or potential relationship between my organization and a vendor, and obtained written approval when required. No client names or protected health information are included.

Signature: _____ Date: _____

7. Fiscal Court Approval (Internal Use)

Amount accepted ($): _____ _____

Reviewer: Date:

Notes / missing items:

RECIPIENT QUICK GUIDE
What to Check Before Spending Opioid Settlement Funds

Start with your award letter, approved application, and budget. They control what your organization may purchase. If the purchase is not clearly included, contact Fiscal Court before spending.

Step	Topic	What to do	Important note
1	Choose the pillar	Prevention: prevents first use, provides substance-use education, or reduces overdose risk. Treatment: connects people to or keeps people in treatment. Recovery: helps people maintain recovery. Supportive services must directly help a prevention, treatment, or recovery activity.	Use the pillar named in your approved application when possible.
2	Confirm the expense is allowed	Ask: Is it in the approved budget? Is it necessary for the approved activity? Does it directly support the selected pillar? Is it within the award period?	If any answer is no or unclear, obtain written approval before purchase.
3	Before selecting a vendor	For ordinary, low-dollar purchases, follow your organization's normal purchasing process. Before a large, unusual, sole-source, related-party, equipment, or service-contract purchase, ask Fiscal Court whether quotes, bids, a contract, insurance, tax forms, or other vendor checks are required.	Do not try to determine county bid thresholds from this form.
4	Basic vendor information	Keep the vendor's legal/business name, address or website, invoice/receipt, and payment record. Disclose if an employee, officer, board member, or family member has a financial interest in the vendor.	Fiscal Court will complete any county-specific or higher-level verification it requires.
5	Conflict-of-interest check	Before buying, consider whether anyone involved in selecting the vendor has a personal, family, employment, board, ownership, or financial relationship with the vendor. If so, disclose it to Fiscal Court and obtain written approval before the purchase.	Do not assume a disclosed relationship is automatically prohibited; the relationship must be reviewed and documented before spending.

6	Keep proof	Retain an itemized receipt or invoice, proof of payment, and simple evidence that the purchase supported the program. Use counts rather than participant names.	Examples: trip log, aggregate attendance count, distribution count, agenda, service record, or equipment photo.
7	Submit the draw	List each receipt separately, explain the program use, attach the required records, sign the certification, and submit before requesting the next draw.	Fiscal Court may request clarification or additional documents based on the purchase.

Official references and help	
KYOAAC home and resources	https://kyoaac.ky.gov/
KYOAAC funding information	https://kyoaac.ky.gov/funding
KYOAAC local reporting FAQ	https://kyoaac.ky.gov/local-reporter-faq
Kentucky opioid-fund reporting	https://apps.legislature.ky.gov/law/kar/titles/040/009/020/

Kentucky opioid-abatement purposes, KRS 15.291

Federal exclusion search, only when required

Questions about whether a purchase is allowable or whether vendor/quote documentation is needed should be resolved with Fiscal Court before the purchase. KYOAAC reporting assistance is available through the contact information on the Local Reporting FAQ.

FISCAL COURT DRAW REVIEW
Streamlined Internal Checklist

Use existing county purchasing, vendor setup, approval, payment, reconciliation, and record-retention controls. This checklist confirms opioid-fund-specific items and provides an exception review rather than duplicating the county's normal processes.

Recipient: Draw #:
Reviewer: Review date:

#	Review item	Yes	No	N/A	Notes / exception
1	Form is signed; receipts/invoices and proof of payment support the amount claimed.	☐	☐	☐	
2	Costs fall within the approved period, budget/activity, and Prevention, Treatment, or Recovery purpose.	☐	☐	☐	
3	Narrative and aggregate output information reasonably explain the opioid-abatement benefit.	☐	☐	☐	
4	No duplicate reimbursement, personal expense, unsupported allocation, or client-identifying information is evident.	☐	☐	☐	
5	Any change from the approved budget or activity has written approval.	☐	☐	☐	
6	County's normal vendor setup, purchasing, payment, and accounting controls were completed or are documented elsewhere; any recipient-disclosed vendor relationship was reviewed.	☐	☐	☐	
7	Exception review completed when applicable: large/unusual purchase, equipment, contract/service, sole source, related party, or other higher-risk transaction.	☐	☐	☐	
8	Prior draw is sufficiently documented and any corrective action is resolved before the next draw is released.	☐	☐	☐	

Exception documents, only when applicable

Examples, only when triggered by policy or risk: quotes/bids or price comparison; contract or scope of work; sole-source justification; disclosed vendor relationship and written approval; equipment inventory record; required licensing/insurance; vendor eligibility or debarment check. Do not require every item for every routine purchase.

Final determination

Status: Approved amt ($):
Reviewer si Date: