

**Blair County Opioid Settlement Trust Fund
PROGRAM FUNDING REQUEST FORM**

Due March 20, 2025

Submit completed forms and attachments to tjohnson@blairco.org

NOTICE

**Funding awards are contingent upon the approval of the Pennsylvania Opioid Trust
All services must be provided to and/or benefit the citizens of Blair County**

Agency/Organization Name:		<input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit
Address:		EIN (If applicable):
Request submitted by:		
Phone Number:		Email:
Title of Proposed Project:		
<input type="checkbox"/> Evidence Based	If yes, please identify the Federal Registry that designates it as evidence based:	
Identify the section of Opioid Settlement Approved Uses (Exhibit E), the project addresses:		
Amount Requested: <small>Project cannot supplant funding already supporting the project and/or activities already funded in the community with other funds</small>		
Program Description: (include programs and services to be provided, population served, who will provide the service, deliverables, location, timeline, and operational details)		
Timeframe of Project: (Include Start and End Dates)		<input type="checkbox"/> One-time Project <input type="checkbox"/> On-going Project

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Rationale: (identify gaps to be filled, benefits, and numbers of individuals served, is the service/
program currently operating in the county)

Outcomes: (How will outcomes be measured and reported)

Budget Description: (Include other funds leveraged and amount)

Comments:

Required Attachments

- Sample Data Collection Form for project outcomes
- Detailed budget that supports the proposed program and identifies any existing funding
- EIN or PA nonprofit determination letter as applicable
Letter(s) of Support from partnering organization(s)