City of Ripley

Opioid Settlement Funds

Please complete the application below in its entirety. You may attach additional pages as needed. Applications will be accepted for up to $25,000.00 for direct services and $15,000.00 for indirect services projects. Funds are limited due to the amount of settlement funds received and available and projects may not receive full requests. Matching Funds are encouraged and given weight when reviewing an application. Such Matching Funds, however, are not a requirement of being funded and will be evaluated on a case-by-case basis. Funding decisions are at the sole discretion of the City of Ripley and the City reserves the right to deny any requests for funds for any reason. The City of Ripley Police Department, Ripley Volunteer Fire Department, and any other such agency or department is exempt from the application process when requesting funding.

Once submitted, this application and any supporting documents are considered a public record and may be posted on the City's website. In addition, applications will be made available to the public and the media upon request.

☐ CERTIFY THAT YOU HAVE REVIEWED EXHIBIT A, SCHEDULE A-CORE STRATEGIES and SCHEDULE B APPROVED USES

☐ CERTIFY THAT YOU UNDERSTAND THAT A REPRESENTATIVE(S) OF THE CITY MAY MAKE VISITS DURING THE APPLICATION PROCESS AND DURING THE GRANT PERIOD FOR MONITORING PURPOSES WITHOUT PRIOR NOTICE.

Section One: Contact Information

Name of Company or Organization and Contact Person's Name for application*

Address*

Website, if applicable:

Phone Number*

Email address*

FEIN, IF APPLICABLE*

Section Two: Project Summary

Executive summary of the proposal*

Please include details regarding the design and strategy of your proposal.

3.5 page maximum

Which of the following Core Strategies and Approved Uses will be met?

Please check all that apply:

Schedule A Core Strategies*

□ Naloxone or other FDA-Approved Drug to reverse opioid overdoses.

□ Medication Assisted Treatment ("MAT") Distribution and other opioid related treatment Pregnant & postpartum women.

□ Expanding treatment for Neonatal Abstinence Syndrome Expansion of warm hand-off programs and recovery services.

□ Treatment of incarcerated population

□ Prevention Programs

□ Evidence based data collection and research analyzing the effectiveness of the abatement strategies Law Enforcement

□ Research

Schedule B Approved Uses*

□ Treat opioid use disorder (OUD)

□ Support people in treatment and recovery

□ Other

Provide specific information on how your project will meet the Core Strategies and Approved Uses*

3.5 page maximum

Key anticipated outcomes*

Individuals or communities served*

Describe your organization's connection to the City of Ripley*

Amount of funding requested*

$

Amount of matching funds raised or committed by your organization*

$

Source of matching funds raised or committed by your organization*

Project timeline*

Include how long it will take you to implement and complete the project if awarded funding. The project period is 12-months.

3.5 page maximum

Section Three: Proposal Details

Describe the problem or need that your project seeks to address*

3.5 page maximum

Total proposed budget*

**Include the following:

- A detailed proposed budget

Example:

Category	Amount	Purpose	Source(s) of Funding
Personnel			
Contracts			
Travel/Training			

Equipment			
Other			

- Proposed budget narrative*

Describe how you will use the requested funding to complete the proposed project.

3.5 page maximum

List any partners in this proposal, the partners' roles, and your relationship with them.*

3.5 page maximum

List leadership/key personnel*

Identify the anticipated leadership/key personnel of the proposal.

3.5 page maximum

Describe your plan for sustainability after the grant award has been exhausted. *

3.5 page maximum

Section Four: Organization Information

Provide your organization's mission statement. *

Describe the history of your organization

Tell us about your current programs and activities

Describe three significant accomplishments of your organization within the last three years. *

All sources of funding*

List all funds received by your organization from any federal, state, or local or private grant awards or funding received in the last year and the current status of those funds.

Organization Members*

- List your Organization's Owner(s), Board of Directors, senior staff members, and other key members of your organization.
- List the staff involved with this project and describe their roles and responsibilities:

Attach the Following:

Certifications*

- Certifications of good standing with the Secretary of State.
- All licensures required from the city.
- All licensures and certifications for all individuals that will be working on this project.
- All special licensures and certifications required by the state.

Statement of Expenditures, Encumbrances, & Appropriations and Cash Flow*

Attach your organization's most current monthly Statement of Expenditures, Encumbrances, & Appropriations and Cash flow statement.

Current operating budget*

Attach your organization's current operating budget.

****If you have made an application for funding for this project from other sources (city, state, private or non-profit organizations) please list the same here.**

Section Five: Supplementary Information

Third-party reference*

Enter contact information for at least one outside third-party reference.

Name	Email	Phone Number	Title/Organization	Relationship to your Organization

Supplementary information or documentation

Attach any supplementary information or documentation (such as letters of support) that you feel will be essential to the City's review.

Signature

Name (Print)

Title

Date

While we are unable to help you complete this application, we are more than happy to provide you with clarification. Please contact Ripley City Hall at (304) 372-3482 and you will be directed to the appropriate individual and office within City Hall.

All projects will run for 12 months from the time of the signed contract with the ability to apply for a one-year no cost extension.

Opioid Settlement Fund Grant Application Attachment A

VERIFICATION

STATE OF WEST VIRGINIA,
COUNTY OF _____, TO-WIT:

_____, _____, of _____,
Name Title Entity

who on behalf of applicant, signed the foregoing, Application for Opioid Settlement Funds, being first duly sworn says that the facts and statements therein contained are true except so far as the facts and statements are therein stated to be on information, and that, so far as the facts and statements are therein stated to be upon information, the facts and statements are believed to be true.

_____
AFFIANT

Taken, subscribed, and sworn to before me this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

Attachment B

AFFIDAVIT OF OWNERSHIP

I, _____ hereby attest to ownership of the business entity or organization
(Owner or Legal Representative-Print Name)

Legal Name of Business Entity or Organization:

_____

Legal Type ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company

☐ Corporation ☐ Nonprofit Corporation ☐ Other_____

If the entity is a corporation, partnership, or LLC, list each individual owner and percent of ownership.

Owner (Print Name)	% Owned	Owner (Print Name)	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the business or organization applying is owned by a corporation or another legal entity, please specify its name as well:

_____

I have read the foregoing Affidavit, and to the best of my knowledge it is true and correct. (All owners must sign below)

Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

Notary Public

State of _____, in the county of _____ on ____ day, of the _____ month, in the year of _____, before me appeared (name) _____ and stated that he/she is the (title) _____ of (name of organization) _____ and that the information provided on this form is true and correct. My commission expires on (date) _____. Notary Public _____

City of Ripley	Attachment C Opioid Settlement Fund Grant Application

Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions

A. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, or proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

2. Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (A.2.) of this certification; and

4. Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

B. Where the prospective primary participant is unable to certify to any of the statements in this certificate, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME/PROJECT NAME:

_____

NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S):

_____

Prefix: First Name:_____

Middle Name:_____

Last Name:_____

Suffix:_____

Title:_____

SIGNATURES:_____

DATE:_____

City of Ripley	Attachment D Opioid Settlement Fund Grant Application

NON-LITIGATION CERTIFICATE

By signing below, I, _____, on behalf of _____, hereinafter Company or Organization, do hereby certify that Company or Organization has not within the past three (3) years been a party and is currently not a party to any actual or threatened litigation, mediation or arbitration arising out of performance of any contract with any local, state or federal government entity.

Dated this _____ day of _____, 20_____

_____

Company/Organization Name

By:_____

Name

_____

Printed Name of Authorized Representative

Title: _____

Date: _____

City of Ripley	Attachment E Opioid Settlement Fund Grant Application

CERTIFICATION AND SIGNATURE PAGE

By signing below, I _____ on behalf of _____ hereinafter Company or Organization, certify that I have reviewed the City of Ripley's solicitation for the Opioid Settlement Grant Funds in its entirety; that the requirements, terms and conditions, and other information contained therein are clearly understood; that the Company or Organization is submitting the application to the City of Ripley and if awarded understands the time period stated in the solicitation; and that I am authorized by the Company or Organization to execute this certification and any documents relating thereto on the Company or Organization's behalf.

_____

Company/Organization

_____

Representative Name & Title (Print)

_____ _____

Representative Signature Date

_____

Contact Phone Contact Fax

_____

Email Address

City of Ripley	Attachment F Opioid Settlement Fund Grant Application

Recipient's Obligation to Provide Update on Use of Awarded Funds

By signing below, I, _____ ,on behalf of

_____,

hereinafter Company or Organization, do hereby certify that Company or Organization agrees that if they are granted a full or partial award after review of their Application by the City of Ripley that within one (1) year of receiving the same, their company or organization will schedule a time with the Opioid Fund Award Committee or the Ripley City Council as properly instructed to attend a meeting and provide an update on how the opioid grant funds were utilized by their company or organization and the results that were obtained due to the received funding. Failure to do so will bar the Applicant and its Company or Organization from being eligible to receive any additional funds in the future.

Dated this _____ day of _____, 20_____.

_____

Company/Organization Name

By:_____

Name

_____

Printed Name of Authorized Representative

Title: _____

Date: _____