

Carter County Opioid Abatement Grant Request Form

Purpose:

This form is for individuals or organizations in Carter County, KY, who have an idea to help reduce the impact of opioid addiction in our community. Please complete this simple form to share your project idea.

Need help? Contact: Renee' Parsons, rparsons@bcfcenter.org

1. Your Name or Organization Name:

2. Contact Information: Phone: _____ **Email:** _____

3. Project Title (What do you want to call your idea?):

4. Brief Description (What do you want to do?):

5. Who will benefit from this project?

6. Where will this take place?

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7. Estimated Budget (How much will it cost?):

Total amount requested: \$ _____

Optional: Tell us how you would spend the money:

8. Do you have any partners or helpers already? Yes [] No []

If yes, list names or organizations:

9. Timeline (When do you want to start and how long will it take?):

Start Date: _____ End Date: _____

Signature: _____ **Date:** _____