

## Instructions for Submitting Gasconade County Opioid Settlement Funding Requests

- Eligible entities include businesses, not-for-profit organizations, and tax entities serving Gasconade County.
- Eligible activities include all items listed in [Exhibit E, Schedule B of the Missouri Department of Mental Health's Detailed list of Approved Uses for Opioid Remediation](#); however, additional points will be given to projects addressing items in one of the following priority areas: 1) Prevention Education, 2) Reentry Specialist/Community Behavioral Health Liaison, 3) Law Enforcement and First Responders, 4) Drug Court, 5) Support Groups and 6) Transportation.
- Complete this proposal to summarize your entity's proposed project. Answer all sections.
- Applicants may submit separate applications for more than one project; however, **the settlement committee estimates that it will award a maximum of \$100,000 per year total for all applications.** Funding amounts may change in subsequent years.
- Submit a copy of all supporting documentation for the proposed scope and cost.

Submit completed request and supplemental  
documentation to:  
Gasconade County Opioid Fund Disbursement Committee  
Kenna Fricke, Chair  
[GCOS@gasconadecountyhealth.com](mailto:GCOS@gasconadecountyhealth.com)

### Points of contact to email or call:

Contact Person:

Kenna Fricke

Gasconade County Opioid Fund Disbursement Committee Chair

300 Schiller Street

Hermann, MO 54041

(573) 486-3129

*Gasconade County Commission*

*Tim Shulte, Presiding Commissioner*

*Jim Holland, Northern District Commissioner*

*Ron Hardecke, Southern District Commissioner*

(573) 486-5427

The Gasconade County Opioid Fund Disbursement Committee will collect all proposals, score applications and make recommendations of funding approval or denial. The Meramec Regional Planning Commission will then review projects selected by the committee for completeness and ensure that activities proposed are eligible under Exhibit E/Schedule B—Approved Uses for Opioid Remediation. MRPC will submit all committee-selected projects and committee funding recommendations to the Gasconade County Commission, along with its administrative review information, for the County to make funding decisions and disburse funds.

Proposals for Opioid Settlement funding will be accepted on a quarterly basis. Applications will be due **THREE WEEKS prior** to the regular county commission meetings on December 19, 2024, March 20, 2025, June 19, 2025 and September 18, 2025.

***Note: A submission of a proposal is not a guarantee of funding. Gasconade County maintains the authority to decide which entities, if any, will receive an investment, and the level of investment.***

# GASCONADE COUNTY OPIOID SETTLEMENT FUNDING REQUEST



Deadlines for quarterly submission:  
**November 27, 2024**  
**February 27, 2025**  
**May 22, 2025**  
**August 28, 2025**

## ORGANIZATION INFORMATION

Organization Name:	
Mailing Address:	
Contact Person/Title:	
Phone Number:	
Email:	

## I. COUNTY PRIORITIES AREAS

*Please select one or more of the applicable priority areas.*

<input type="checkbox"/>	1. Prevention Education
<input type="checkbox"/>	2. Reentry Specialist/Community Behavioral Health Liaison
<input type="checkbox"/>	3. Law Enforcement and First Responders
<input type="checkbox"/>	4. Drug Court
<input type="checkbox"/>	5. Support Groups
<input type="checkbox"/>	6. Transportation

The Opioid Settlement Committee established priority categories at a meeting of local stakeholders on May 23, 2024. While there are more classifications than those listed above, Gasconade County is giving priority to those providing services in above listed categories.

If not a priority area listed above, please list the approved used section and subsection from [Exhibit E, Schedule B of the Missouri Department of Mental Health's Detailed list of Approved Uses for Opioid Remediation](#) in the box below.

**II. PROJECT OVERVIEW**

*Please provide a brief description of the project, including an explanation of how the project meets the allowed activities listed in [Exhibit E, Schedule B of the Missouri Department of Mental Health's Detailed list of Approved Uses for Opioid Remediation](#).*

**III. STATEMENT OF NEED**

*Please provide information about why this project is needed and how it relates to the opioid pandemic. (e.g. statistics about the people served, information about community challenges, community involvement, etc.)*

#### **IV. PROGRAM/PROJECT DESCRIPTION**

*Please provide as much information about the project as you can provide. (e.g. who will benefit, the area it will serve, how it addresses the needs listed in Section III, etc.)*

#### **V. GOALS & OBJECTIVES**

*Please explain the short-term and long-term goals for the project, how you will meet the goals, and how you will measure the success of the project.*

## VI. TIMELINE

Please provide a timeline for each step of the process.

Activity	Projected Date

## VII. BUDGET DETAILS

Please provide details on costs of proposed activities, items to be purchased, etc. If purchasing items, please attach purchasing information that identifies specifications, cost estimates, and any other pertinent information.

Item Description	Price	Qty.	Total
Total Requested Funds			

## **VIII. BUDGET NARRATIVE**

*Please provide details about each project cost.*

## **IX. ATTACHMENTS**

*Please provide copies of all available project plans, maps, photos, reports, public hearing information, and any other documentation that supports the statements made within the proposal.*

**Applicant's Authorized Signature**

As the authorized signature for this application and organization, I certify that the project meets the eligible activity guidelines and is not being used for revenue replacement or any other ineligible activity. I understand that, if the proposal is approved, I will be required to submit additional documentation for the life of the project such as data gathered, invoices/paid receipts, etc. that may be necessary for the county's audit of the funds.

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Signature

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Printed Name & Title