

## **Suffolk County Opioid Settlement Fund Application Portal Supplemental Application Guidance**

Thank you for considering a submission to the Suffolk County Opioid Settlement Fund Application Portal.

The application process is open to any entity, including non-profits, healthcare systems, and public and private agencies, that provide services in relation to the opioid epidemic, including, prevention, education, treatment, and recovery. Agencies can submit proposals to address the opioid crisis through the expansion of existing programs, the establishment of new programs, as well as proposals that encourage innovation. All proposed programming must align with the parameters set by the Schedule C.

A selection panel, comprised of the County Executive, the Presiding Officer, the Minority Leader, and the Health Commissioner, or their designees, along with a victim advocate, will review the applications in conjunction with substance use disorder experts at the Health Department.

As you complete the application, your progress can be saved, so the application does not have to be completed in one session only. Although your progress will be saved, you must click the “submit” button for your application to actually be submitted. Upon successful completion of the application, a confirmation email will be sent to the email address for the listed “Primary Contact”.

Please see below for detailed application field information.

### **Organization**

**Organization:** Provide the agency name, corporate address (even if it is outside of Suffolk County), site address, and website. The site address should be the location where services in your proposal will be provided (especially applicable if your organization has multiple locations). In some cases, the corporate address may be the same as the site address. Should services be provided in locations outside of your agency (i.e. libraries, bars/restaurants, schools, etc.), leave the site address blank.

**Agency Leadership Contact:** Provide the full name, title, phone number, and email address for the individual in a primary leadership position at your agency. This can be the chief executive officer, chief operating officer, president, director, or other member of leadership.

**Primary Contact:** Provide the full name, title, phone number, and email address for the individual who will be the primary point of contact between your agency and the Division of Community Mental Hygiene Services. If the application is accepted and funded, this individual will liaise between both entities, and be actively called upon through the contracting process, invoicing, and data collection.

**Fiscal Contact:** Provide the full name, title, phone number, and email address for the individual who will be a point of contact for fiscal matters, including, but not limited to, budgets and invoicing.

## Application

The questions in this section of the application pertain to the **current state** of your agency.

**Current Programming** - This section is limited to 1,500 characters only. Using this word allotment, provide an overview of your agency's mission and current programming. No information about proposed activities should be included in this section.

**County Departments Contracted** - If you currently hold a contact with Suffolk County, list the Department/ Office.

**State Licensure/Designation** - Use the checkboxes to select all of entities through which your agency has a licensure or designation through. If there is an entity that is not listed, use the "other" option and write in the entity name. If your proposed program will require approval from a regulatory body your agency belongs to, select "yes" and list that regulatory body(s).

## Program Proposal

The questions in this section of the application pertain to the program you are **proposing**.

**Proposal Focus** – The primary focus selection should represent the main programmatic intent of your proposal. If there are other aspect of your program that belong in another category, a secondary focus may be selected. Selecting a secondary focus is optional.

**Schedule C Alignment** - The Schedule C defines the type of programming at is eligible for opioid settlement funds. The primary categories of the Schedule C are (I.) Treatment, (II.) Prevention, and (III.) Other Strategies. While there may be aspects of your proposed program that fall into multiple categories, select one category that best summarizes the purpose of your proposed program.

**Residents Served** – Estimate the annual anticipated number of Suffolk County residents who will be served through your **proposed program**. This should be a one-year estimate.

**Proposal Summary** - This section is limited to 1,500 characters only. The proposal summary is a brief overview of the program you are proposing. This summary should be a distillation of the most salient aspects of your proposal.

**Proposal Goals** - Provide a 1-2 sentence programmatic goal statement for your proposed activities. These goals do not have to include expected metrics. Up to 3 goals can be provided.

**Proposal Description** - This section is limited to 15,000 characters only. Utilize this section to provide a detailed description of your proposed program. It is well understood that Suffolk County is highly impacted by opioid use and opioid overdose deaths. As such, it is not necessary to include a description of this issue, nor provide **general**, County-level statistics that illustrate disease burden. Only include this type of information if it is necessary to demonstrate why your proposal would focus on/ be particularly impactful for a **specific** population or region.

**Proposal Sustainability** - This section is limited to 1,200 characters only. Describe how your organization plans to sustain the proposed activity. This can include planned revenue and service reimbursement.

**Funding Requested** - Using whole dollars, write out your agency's requested funding for a 3-year program. Include funding requests for Year 1, Year 2, Year 3, and a summary total. The funding written into this section of the application should match the funding on the supplemental budget document.