



HICKMAN COUNTY

T E N N E S S E E

Hickman County Opioid Settlement Board

Application for Opioid Settlement Funding

Application due date	August 31 st , 2025
Anticipated notice of award	November 1 st 2025
Anticipated funding period	2025/2026 Fiscal Year
Submission date	

Organizational Information

Organization name	
Purpose of organization	
Type of organization (501c3, for profit, governmental)	
Federal tax ID number	
Is your organization certified, licensed, or accredited by the state of TN? If yes, provide documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of funding currently (already) being received from Hickman County and purpose.	
Is your organization headquartered in Hickman County?	
Have you applied for Opioid Abatement Funds in any other county?	

Street address	
Email address	
Phone number	
Name of project director	
Title of project director	
Name of project contact	
Title of project contact	

Project Information

Project title:
Project description:
Project objectives:
Project activities:

Project partners or collaborators:	
Expected outcomes and how success will be measured:	
Project timeline:	
New or existing project? (Check one)	<input type="checkbox"/> New <input type="checkbox"/> Existing
If existing, have/will you receive grant funding from any other source for this project?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, amount:	
If existing, how will these funds be used to supplement rather than supplant the project?	

<p>Will you charge a fee or bill insurances for the services provided with this project?</p> <p style="text-align: center;">_____ Yes _____ No</p> <p>If yes, please describe and provide estimated amounts:</p>	
<p>Is the project evidence-based or based on promising practices? (Provide links to supporting evidence)</p> <p style="text-align: center;">_____ Yes _____ No</p> <p>Link(s):</p>	
<p>Data to support the need for the project:</p>	
<p>Strategies that will be addressed with funds: Select all that apply</p>	<p>_____ Primary Prevention</p> <p>_____ Harm Reduction</p> <p>_____ Treatment</p> <p>_____ Recovery Support</p> <p>_____ Education & Training</p> <p>_____ Research & Evaluation</p>
<p>Target population and geographical area</p>	
<p>Anticipated number of people served with awarded funds</p>	

What percentage of funds awarded will be used to serve residents of Hickman County?	
How will this project meet the Board's main objective of saving lives?	

Funding Information (Must also submit a Budget Template)

Total funding request	\$
Budget narrative:	
How will this project be sustained after the funding period?	

Checklist of Required Documents:

- _____ Application for funding
- _____ Completed budget and budget narrative (template provided)

- _____ Work plan (template provided)
- _____ Current annual operating budget
- _____ State certification, licensure, or accreditation if applicable
- _____ Letters of support from any project partners or collaborators

Please email completed application and additional required documents (see checklist above) to mayor@hickmancountyttn.gov with subject line "Opioid Settlement Fund Application". Physical copies of this application are available in the Hickman County Mayor's office at 114 N Central Ave (Suite 204), Centerville, TN 37033 from 8:00am - 4:00pm, Monday through Friday. Call 931-729-2492 for assistance

IMPORTANT NOTE

If awarded fund the following requirements will apply:

- Executed Contract between Hickman County and your agency
- Quarterly reports submitted to Hickman County
- The Recipient shall purchase and maintain insurance not less than the limits set forth below. All coverage shall be with insurance companies licensed and admitted to do business in the State of Tennessee and with insurance carriers acceptable to the County and have a minimum A.M. Best Company's Insurance Reports rating of A or A-(Excellent).
 - Automobile Liability Insurance - \$1,000,000 Combined Single Limit, if applicable.
 - General Liability Insurance - \$1,000,000 per occurrence/\$1,000,000 aggregate; and
 - Statutory Workers Compensation Insurance, if applicable, covering all employees of Recipient.