McMinn County
Opioid Settlement Funding Grants

Announcement of Funding

Due to the extensive damage and loss of life caused by the opioid crisis that was brought on by the unethical and over-prescribing of opioid medications, the state of Tennessee will be receiving over $1 billion over 18 years in settlement funds from several large corporations. McMinn County has been allocated a portion of these funds, which will be received in annual payments. The County has established the McMinn County Opioid Abatement Council to oversee the spending of these funds to ensure they are used to remediate the opioid crisis and save lives. The Council will invite community organizations to apply for these funds annually.

Availability of Funds

The selection process for funding will utilize a competitive process, and the number of awards will be dependent on the amount of funds available for annual allocation. The amount of funds available and dates of application submissions and awards will differ annually. The amount of funds available for the *2026 funding cycle* will be **$358,212.00** and proposals will be accepted until **March 1, 2026**.

Eligibility

Applications will be accepted from any organization that serves residents of McMinn County but will only be distributed to those that provide services that fall within the approved remediation uses set forth by the TN Opioid Abatement Council, listed below in Allowable Uses of Funds and outlined in Exhibit E. If an applying organization is located outside of McMinn County, funds will only be awarded to that organization if they are used to serve McMinn County residents. The McMinn County Opioid Abatement Council will dispense funds in accordance with all applicable rules and regulations that counties must adhere to when allocating funds to community organizations.

Required Documents for Application Submission

Proposals are due by **March 1, 2026**, and must be submitted to the McMinn County Mayor's Office by emailing mayoroffice@mcminncountytn.gov with the following required documents:
- Application for funding
- Completed budget template
- Completed work plan
- Current annual operating budget
- State certification, licensure, or accreditation if applicable
- Letters of support from any project partners or collaborators if applicable

Selection and Award Process

The McMinn County Opioid Abatement Council will review and score all applications received. The board will consider scores and along with other factors to make funding decisions. These factors may include county priorities, community needs, funds available, cost-effectiveness, and federal and state regulations. If the total amount requested is higher than the total amount available for distribution, applicants may be contacted to discuss possible project and/or budget revisions.

The County Mayor and McMinn County Commission will have final approval of any funding recommendations provided by the McMinn County Opioid Abatement Council.

Notice of award is expected to occur by **May 1, 2026**. Following the notice of award, the organizations will be contacted to discuss the contract process and specific metrics that must be reported back to the county.

The funding period will be *12 months in duration* beginning **July 1, 2026**, unless an alternative project start date is agreed upon by the awardee and McMinn County finance director.
Allowable Uses of Funds & Funding Restrictions

Awarded funds cannot be used for administrative or indirect costs. Activities must meet the definition of opioid remediation, be evidence-based strategies or promising practices, and align with the core strategies and allowable uses outlined by Exhibit E. The Tennessee Opioid Abatement Council (TN OAC) adjusted Exhibit E into the Remediation List Strategies. Organizations will be asked to use this document when applying and for reporting purposes if funded. Core strategies include:

- Naloxone or other FDA-approved drugs to reverse opioid overdoses
- Medication-assisted Treatment (MAT) distribution and other opioid-related treatment
- Address the needs of pregnant and postpartum women
- Expanding treatment for Neonatal Abstinence Syndrome (NAS)
- Expansion of warm hand-off programs and recovery services
- Treatment for incarcerated population
- Prevention programs
- Expanding syringe service programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

Requirements if Awarded Funding
Organizations awarded funding are required to:
- Utilize funds within the defined funding period as agreed upon in the contract. If those funds are not used as agreed in the contract the applicant may:
    - Return any remaining funds to the McMinn County Opioid Abatement Council at the end of the funding period, OR
    - Request an extension to use the funds past the funding period, OR
    - Request an amendment to their current contract to use the remaining funds for additional strategies
- Ensure utilization of funds supplements, rather than supplants, existing funding
- Ensure all funds are used in alignment with remediation uses approved by the TN Opioid Abatement Council as described above
- Ensure funds are not used for administrative or indirect costs
- Provide data on program outputs, outcomes, impact, and effectiveness as determined by the McMinn County Opioid Abatement Council
- Complete and submit required quarterly and annual reports to the county

Reporting Requirements

Organizations should provide **quarterly progress reports** to mayoroffice@mcminncountytn.gov starting *14 days after the first project quarter*. The reports must outline the following:

- Staff working on the project
- Community partners involved with the project
- Challenges and barriers experienced within the associated timeframe
- Successes experienced within the associated timeframe
- Anticipated next steps
- Strategies addressed
- Number of McMinn County residents served with settlement funding
- All project-specific metrics determined by the McMinn County Opioid Abatement Council

Application Checklist

To be considered a complete application and qualify for funding, the following items must be submitted:

- [ ] Grant application for funding
- [ ] Completed budget template & budget narrative
- [ ] Completed work plan
- [ ] Current annual operating budget
- [ ] State certification, licensure, or accreditation if applicable
- [ ] Letters of support from any project partners or collaborators

Opioid Settlement Grant Application

Application Details

Application due date	**March 1, 2026**
Anticipated notice of award	**May 1, 2026**
Anticipated funding period	**July 1, 2026-June 30, 2027**
Submission date	

Section One: Organizational Information

Organization Name: ⬚ Federal Tax ID #: ⬚

Street Address: ⬚ City: ⬚ Zip code: ⬚

Type of organization: ⬚ Non-profit and/or 501(c)(3) ⬚ For profit ⬚ Governmental

Purpose of organization:

Annual operating budget (*must attach documentation*): ⬚

Year established: ⬚ Number of employees: ⬚ Number volunteers: ⬚

Is the organization licensed or accredited by the state of TN? ⬚ No ⬚ Yes *(must attach documentation)*

Project contact name: ⬚ Contact title: ⬚

Phone number: ⬚ Email: ⬚

Section Two: Funding Information

Total Funding Request:
$

What percentage of the *total project cost* will the requested funds cover?

What percentage of *funds requested* will be used to serve residents of McMinn County?

Funding currently beginning received from McMinn County
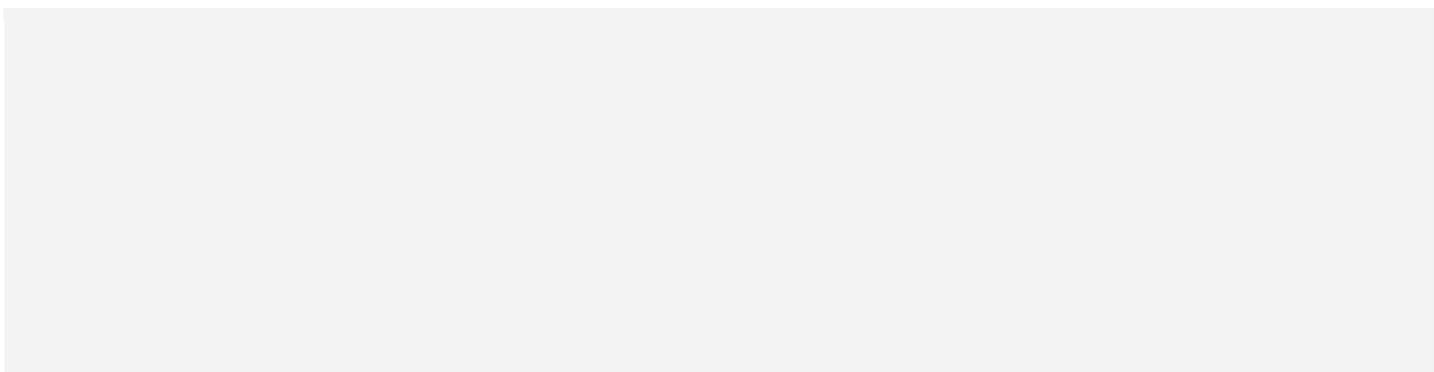
Amount: Purpose:

Budget Narrative
Please provide a detailed justification for each line item in the budget, explaining how these expenses support the project's objectives and goals. We recommend filling out the Budget first and then filling out this section.

Sustainability
Please provide information about how this project will be sustained after the funding period. Include details such as other grants or funding sources that the organization has or plans to obtain.

Budget Template for Opioid Settlement Funding

Instructions: Add or delete rows as necessary. The [TN OAC's remediation list](#) must be used to determine which strategies are addressed.

Organization: [enter name]

Expense or Activity	Description	Strategy Addressed	Cost	Quantity	Total Cost
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
				Project Total =	$0.00

Section Three: Project Information

Project Details

Project title:

Strategies that will be addressed
with funds (Select all that apply):

	Primary Prevention		Recovery Support
	Harm Reduction		Education & Training
	Treatment		Research & Evaluation

Target population and geographical area:

Anticipated number of people served with requested funds:

Project description (it is recommended to complete the Work Plan first, then fill this section out):

Internal staffing for this project:

External project partners or collaborators (please attach letters of support if possible):

Is this a new or existing project? (Check one): ☐ New ☐ Existing

If existing, have/will you receive grant funding from any other source for this project? ☐ No ☐ Yes

If yes, please list the grants and amounts:

If existing, how will the requested funds be used to supplement rather than supplant the project?

Supporting Data

Is the project evidence-based or based on promising practices? ☐ No ☐ Yes

If yes, provide links to supporting evidence:

Please provide data to support the need for the project in the community:

Project Revenue

Will you charge a fee or bill insurances for the services provided with this project? ☐ No ☐ Yes

If yes, please describe for what and the estimated amount:

Subcontracts

Will your organization subcontract for services? | No | | Yes |

If yes, what organization will receive funds from you?

Organization contact name: Email or phone:

Subcontract amount: Expected activities:

Data Collection & Use

What system or database will be used to gather and store information relevant to the project?

What methods will be employed to track grant-funded activities and specific assistance?

Who is responsible for the collection and quality assurance of this data?

Describe how your organization plans to use the gathered data to continuously evaluate the project's progress and effectiveness. Please address how this data will inform future planning.

Project Work Plan

Instructions: Add or delete rows as necessary. The [TN OAC's remediation list](#) must be used to determine which strategies are addressed.

Organization: [enter name]
Total Funds Requested: [enter amount]
Overall Goal(s) of Project: [enter at least one goal]

Objectives What is the measurable objective you are seeking to achieve?	Activities What activities will be completed that help achieve the corresponding objective?	Remediation Strategy Please use the TN OAC's table (linked).	Outcomes What measurable results are you seeking to achieve by completing the corresponding activities?	Measures of Success How will success of objectives & outcomes be assessed? What data points will be measured?	Timeframe When will this part of the project begin and end?	Accountability Who is responsible for each project activity?	Funds Requested What are the requested grant funds for this part of the project?