

2025 City of Lafayette Opioid Settlement Grant Distribution

Grant Application Form

Please complete all sections of this application form. Submit the completed form along with any required attachments via email to clerks@lafayette.in.gov or deliver in person to the Clerk's Office, located on the second floor of City Hall, 20 N 6th Street, Lafayette, IN, by September 30, 2025, at 12:00 PM (noon). Late submissions will not be accepted.

Section 1: Organization Information

Organization Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Website: _____

Primary Contact Person: _____

Title/Position: _____

Phone: _____ Email: _____

Section 2: Program Information

Program Name: _____

Requested Funding Amount: \$_____

Program Start Date: _____ Program End Date: _____

Funding Priority Areas Addressed: _____

Please provide a detailed description of your program, including:

- The issue your program addresses
- Target population
- Services/interventions to be provided
- Expected outcomes and how they will be measured
- Timeline for implementation

Section 3: Organizational Capacity and Experience

Describe your organization's capacity to manage and implement this program, including relevant experience, qualifications of key staff, and past performance in similar projects.

Section 4: Collaboration and Partnerships

List any community partners or cross-sector collaborators involved in this program. Describe the nature of these partnerships and how they will support program success.

Section 5: Budget and Narrative

Provide a detailed budget for the program, including all sources of funding and expenses. Attach a separate budget spreadsheet if necessary.

Section 6: Sustainability

Explain your organization's plans for sustaining this program beyond the grant period.

Section 7: Innovation

Describe any innovative strategies, technologies, or approaches that make your program stand out.

Section 8: Required Attachments

- Proof of nonprofit status (if applicable)
- Budget spreadsheet (if separate)
- Letters of support or partnership agreements (if applicable)
- Resumes of key staff or personnel

Certification and Signature

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that false or misleading information may result in the rejection of this application or the termination of funding.

Authorized Representative Name: _____

Title: _____

Signature: _____ Date: _____