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Wood County Opioid Settlement Funding
Request for Proposals Application 2025-2026

1. Name of applying agency, organization, or individual:
   Only list an individual's name if the person is not applying on behalf of an organization/agency.

2. Address of applying agency, organization, or individual:
   Include city, state, zip code; only list personal address if agency/organization address is not available.

3. Indicate whether the applicant has non-profit status:
   o Yes
   o No
   If no, please explain why this application should be deemed eligible for funding

4. Applying agency/organization main contact:
   This person will receive communication from Wood County on the status of the application and additional information as needed.

   Main contact name:
   Main contact phone number:
   Main contact email:

5. Additional contact (optional):
   Additional contact(s) will be copied into communications from Wood County.

   Name:
   Phone number:
   Email:

6. Additional contact (optional):
   Additional contact(s) will be copied into communications from Wood County.

   Name:
   Phone number:
   Email:

7. Project Title:
   What will you call this project?

8. Provide a short description of the project (150 word max):

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9. This project is:
   Select one
   - o A new project/initiative
   - o An expanded existing project/initiative
   - o Support for existing project/initiative
   - o Other (please specify)

10. What percent (estimate) of your project will focus on each category you selected?
    Must equal 100%. Round to nearest whole number and do not include "%" in response.

    Youth Substance Use Prevention

    Harm Reduction and Overdose Prevention

    Substance Use Treatment

    Criminal Justice

    Law Enforcement

    Recovery

    Community Awareness/Stigma Reduction

    Other (i.e. community grant, or other)

11. Provide the project goal(s):
    What do you hope to accomplish with this funding?

12. Provide the project objective(s):
    Do not list specific strategies, but overall concepts of how you will accomplish your goal(s) from the previous question (e.g. Provide information/education on substance use disorder, reduce barriers to treatment, modify/change policy to ensure department staff have been trained in naloxone administration, etc.). Please list at least one objective per goal listed in the previous question.

    Objective 1:

    Objective 2 (optional):

    Objective 3 (optional):

    Objective 4 (optional):

    Objective 5 (optional):

13. Which core strategy does the proposal fall within?
    If the project does not fall within one of these strategies, skip to the next question.

    1. Broaden access to naloxone
    2. Increase use of medications to treat opioid use disorder
    3. Provide treatment and support during pregnancy and the postpartum period
    4. Expand services for neonatal opioid withdrawal syndrome
    5. Fund warm hand-off programs and recovery services
    6. Improve care for opioid use disorder in the criminal justice system
    7. Enrich prevention strategies
    8. Expand harm reduction programs
    9. Support data collection and research
    10. Other (please specify)

14. Which other approved uses does the project fall within?
    If the project does not fall within one of these strategies, please review Exhibit E: List of Opioid Remediation Uses (linked above), or direct questions to Ashley Normington: ashley.normington@woodcountywi.gov | 715-421-8923 before October 9, 2025.

    A. Treatment: Treat Opioid Use Disorder (OUD)
    B. Treatment: Support people in Treatment and Recovery
    C. Treatment: Connect people who need help to the help they need (connections to care)
    D. Treatment: Address the needs of criminal justice-involved persons
    E. Treatment: Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome
    F. Prevention: Prevention over-prescribing and ensure appropriate prescribing and dispensing of opioids
    G. Prevention: Prevent misuse of opioids
    H. Prevention Prevent overdose deaths and other harms (harm reduction)
    I. Other: First responders
    J. Other: Leadership, planning and coordination
    K. Other: Training
    L. Other: Research
    M. Other (please specify)

15. Who is the target population for the project?
    Examples: People who use drugs, families impacted by substance use, employees within a specific community or city, etc.

16. What geographic region will this project serve?
    Examples: Wood County, City of Marshfield, rural Wood County, South Wood County, Nekoosa area, Wisconsin Rapids School District, etc.
    Note: Service areas outside of Wood County, WI may deem this application ineligible for funding.

17. What is the anticipated reach of the project?
    Estimated number of people your project aims to serve.

18. What is the anticipated impact of the project? (250 word max)
    How will this project affect the target population, general community, or other populations within our community?

19. How will the project be evaluated? (250 word max)
    Share how much, how many, what difference does it make, what will the impact of the funds be, how will you know you made a difference?

20. What are some unintended or unanticipated outcomes that may come as a result of this project that could potentially negatively impact people with opioid use disorder? *(50 word max)*
    Think about how people using opioids may be affected if tis proposal is funded. Is there any way this project could make matters worse for people who use drugs?

21. Describe the sustainability plan for this project: *(150 word max)*
    How will this project continue in future years (as needed) once opioid funding is not available?

22. Describe your agency's/organization's capacity to implement this project: *(50 words max)*
    Are there enough resources (people, funding, time, space, tools) to support this project?

23. List (if any) collaborations or partners supporting this project and how they are supporting it:
    Community collaboration is encouraged- who else is willing to help see this project through?

24. List (if any) other sources of funding that will or can be leveraged to support this project:

25. Total project budget:
    The total project budget may be more than the amount requested if the project requires more funding than this award provides- how much will it cost to fully fund the project?

26. Project request:
    The project request may be less than the total project budget- how much funding are you requesting from the Wood County Opioid Settlement funding for this project? This amount may not be more than $100,000.

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27. Project Budget
    Provide estimated total costs associated with this request. Total should match total amount requested in question 26.

    Salaries $
    Benefits $
    Supplies $
    Equipment $
    Travel $
    Contractual $
    Other $

28. Budget Narrative
    Describe how funding will be used for each funding category listed above and why you feel this is the best use of the funds.

29. Do you have any additional comments about this funding proposal?