

Opioid Proceeds Council (OPC)

Office of the Attorney General, 2nd Floor Hon. Juan A. Sablan Memorial Building, Saipan, MP 96950
 OPC@cnmioag.org

Application Form

Title of Funding Opportunity: _____

Proposed Project Title: _____

| | |
|--|------------------------------|
| Applicant's Name | |
| Applicant's Address | |
| Applicant's Email | |
| Applicant's Contact Number | |
| Amount Requested | |
| Designated Point of Contact | |
| Project Category | |
| Type of Organization | |
| Tax Exempt ID Number(s) (Local & Federal) | |
| Years of Providing direct SUD and/or OUD Services | |
| Submission | Sign |
| _____ | _____ |
| Date | Authorized Signatory & Title |

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Program/Project Purpose

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Problem Statement & Need

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Solution Driven - Goals & Objectives

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Timeline

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Reporting - Data Collection & Measurement

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Outcomes

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Budget Summary

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Budget Categories with Detailed Justification

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Long Term Sustainability - Post OPC Funding

Other Sources of Funding

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Key Personnel List