2024 Montana Opioid Abatement Trust Grants - 3rd Quarter

Montana Opioid Abatement Trust

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

Character Limit: 100

Select Abatement Region and/or Metro Region*

Select the Multi-County Abatement Region **and/or** the Metro Region you are requesting grant funds from. Select all regions that apply, for example if you are collaborating with multiple Counties **and/or** Abatement Regions select each region the program/project will serve. Click HERE for a detailed map of Multi-County Abatement Regions and Metro Abatement Regions

Choices

Abatement Region 1
Abatement Region 2
Abatement Region 3
Abatement Region 4
Abatement Region 5
Cascade County
Flathead County
Gallatin County
Lake County
Lewis & Clark County
Missoula County
Ravalli County
Silver Bow County
Yellowstone County

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

Character Limit: 2000

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click HERE for a list of approved opioid remediation uses

Choices

Prevention
Treatment
Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

Choices

A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
B. "MAT" DISTRIBUTION & OTHER OPIOID-RELATED TREATMENT
C. PREGNANT & POSTPARTUM WOMEN
D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME "NAS"
E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
F. TREATMENT FOR INCARCERATED POPULATION
G. PREVENTION PROGRAMS
H. EXPANDING SYRINGE SERVICE PROGRAMS
I. EVIDENCE-BASED DATA COLLECTION & RESEARCH ANALYZING EFFECTIVNESS OF ABATEMENT STRATEGIES

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

Choices

A. TREAT OPIOID USE DISORDER "OUD"
B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
C. CONNECTIONS TO CARE
D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
E. NEEDS OF PREGNANT/PARENTING WOMEN, BABIES W/ NEONATAL ABSTINENCE SYNDROME
F. PREVENT OVER-PRESCRIBING, ENSURE APPROPRIATE PRESCRIBING & DISPENSING OF OPIOIDS
G. PREVENT MISUSE OF OPIOIDS
H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
I. FIRST RESPONDERS
J. LEADERSHIP, PLANNING, & COORDINATION
K. TRAINING
L. RESEARCH

How does the program meet the Opioid Remediation Guidelines*

In detail, describe how the program fits into the approved Opioid Remediation Guidelines selected in the above question.
Please be specific

Character Limit: 2000

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

Choices

A new program for your region.
A proposed supplement or expansion to a program.

Fiscal Information

Requested Amount*

Character Limit: 20

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

File Size Limit: 5 MB

Multi-Region funding

If funding is being requested from multiple abatement regions attach a detailed breakdown of amount requested from each region.

File Size Limit: 5 MB

Multi-Region approval/denial

Does the application need to be approved by all regions to effectively accomplish it's goals?

Choices
Yes
No

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

Character Limit: 2500

Do you have a Fiscal Agent*
Choices
Yes

No

Multi-Region request funding additional information

Regional Funding
Please explain in detail the effectiveness of the program, for each region, if not every region approves the application.
Character Limit: 2500 | File Size Limit: 5 MB

Fiscal Agent Contact Info

Fiscal Agent Name*
Character Limit: 250

Fiscal Agent Email Address*
Character Limit: 254

Program Abstract

Program Description*
Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.
Character Limit: 3000

Program Reach
If you are requesting funds from multiple Abatement Regions please specify how your program serves each region.
Be specific.
Character Limit: 2500

Specific Goals*
What are the specific goals of the program? List several goals the program hopes to accomplish and how the program intends to meet these goals.
Character Limit: 2500

Evaluation Method*
Describe how you plan to evaluate the effectiveness of the program and what the method for evaluation will be.
Character Limit: 2500

Data Source*

What information are you going to collect or use to demonstrate you have accomplished your goals?

Character Limit: 2500

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

Character Limit: 2500

Additional Documents

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

File Size Limit: 5 MB

Upload #2

File Size Limit: 5 MB

Upload #3

File Size Limit: 5 MB

Additional Information

Character Limit: 10000