

Blair County Opioid Settlement Form
PROGRAM FUNDING REQUEST FORM COVER SHEET

Requesting Agency/Organization Information		
Agency Name:		
Not for Profit <input type="checkbox"/>	For Profit <input type="checkbox"/>	EIN:
Address:		
Phone Number:	URL:	
Request Submitted by:		
Email:		

Proposed Programming Information			
Project Title:			
Program Type:	Evidence Based <input type="checkbox"/>	One-time Project <input type="checkbox"/>	On-going Project <input type="checkbox"/>
Areas of Exhibit E addressed			
https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf			
Funds Requested	\$		

NOTICE

- **Funding awards are contingent upon the approval of the Pennsylvania Opioid Trust**
- **Request cannot supplant funds already supporting the project and/or activities currently funded in the community**
- **All services must be provided to and/or for the benefit of the citizens of Blair County**

☐ I understand the above requirements and have submitted this request in accordance with the proposal instructions.

Signature: _____ Date: _____