



Applications for use of Opioid Recovery Funds

This form is for the purpose of using Opioid Recovery Funds that were appropriated under the following provisions:

To connect all first responders who are at a higher risk of opioid exposure and dependency to behavioral health services, supports, and training and for a statewide wellness learning plan that includes anonymous assessments, education, and awareness to promote resiliency development.

Requesting Organization Information

Organization Name: _____

Address: _____

Website: _____

Requester Name: _____ Phone: _____

Requester Title: _____ Email: _____

Finance Contact Name: _____ Phone: _____

Finance Contact Title: _____ Email: _____

Funding Request Type

_____ **Comprehensive Service Program**

If your organization is seeking reimbursement for a full-service, comprehensive program, be sure to clearly explain how the program or service provides coverage for all elements of the text highlighted at the top of the page.

_____ **Partial Service Program or Component(s)**

If your organization is seeking reimbursement for single component of the above listed factors, please indicate who is being serviced and which component is meet with the program.

Program/Service Information

Name of Program, Service, or Activity for which you are requesting funding:

Start Date: _____ Total Amount Requested: _____

End Date (if annual/ongoing, put "yearly"): _____

Please indicate which of the following categories of first responders and/or law enforcement officers will be served by the program (check all that apply):

<input type="checkbox"/> Fire Departments (Paid)	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family
<input type="checkbox"/> Fire Departments (Volunteer)	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family
<input type="checkbox"/> Law Enforcement (Local)	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family
<input type="checkbox"/> Law Enforcement (State of Nebraska)	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family
<input type="checkbox"/> EMS Services (Paid)	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family
<input type="checkbox"/> EMS Services (Volunteer)	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family
<input type="checkbox"/> Correctional Services (County)	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family
<input type="checkbox"/> Correctional Services (City)	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family
<input type="checkbox"/> Other (please define):	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Family

What type(s) of training does the program provide? (Check all that apply)

Web-based Apps In-Person Peer-to-Peer

Briefly summarize and explain details:

What type(s) of training services will be provided? (Check all that apply)

Ongoing Technical Support for web or app-based elements
 Continued Peer Support for training programs
 Other: _____

Briefly summarize and explain details:

What type(s) of communications will be provided? (Check all that apply)

Ongoing support for employer/organization/membership questions
 Ongoing support for new/previous/inactive members
 Other: _____

Briefly summarize and explain details:

Key elements of funding request

1. How does the requested activity meet one or more of the covered components: *“To connect all first responders who are at a higher risk of opioid exposure and dependency to behavioral health services, supports, and training and for a statewide wellness learning plan that includes anonymous assessments, education, and awareness to promote resiliency development.”*

2. How will the requested activity be delivered and what is the time frame for delivery?

3. Is this requested component already available to a covered party through a larger, already reimbursed program? If so, please explain how.