

Thornton Opioid Treatment Subsidy Funding Application

The City of Thornton, a recipient of Opioid Settlement funds, is seeking proposals for grant funding from qualified businesses and community service providers that assist Thornton residents in recovering from the use of opioids. See the Thornton Opioid Treatment Subsidy Request for Proposal Guidelines for additional information.

Applicant Information

Name of Organization: _____

Name of Contact: _____

Contact Phone: _____

Contact Email: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

1) Is your organization a nonprofit? (If yes, complete a-c)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a. Tax-exempt number (if applicable):		
b. Are you registered with SAM (System for Award Management) at SAM.gov? (Applicable to nonprofits)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. If you are registered with SAM, please provide your Unique Entity Identifier (UEI):		
2) Employer Identification Number (EIN):		
3) Is your organization/business delinquent on any required federal, state, or local filings? (secretary of state registration, period filing, Licenses, taxes, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4) Is your organization, business, or any owner of the business presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal agency, state agency, or any government entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

--	--

Project Description

Please describe the type of treatment for which you are seeking funds, detailing scientific evidence of efficacy and how you intend to track success.

How will clients be evaluated for treatment and is there a proposed maximum spending level for each client’s treatment?

Please include data about current/projected service to Thornton residents as well as anticipated outcomes.

Could a higher amount be accepted in place of your requested amount?

- Yes** **No**

If yes, please describe the impact a reduction/increase could have as well as list the minimum/maximum award that could be accepted to carry forth the proposal at some level.

How does/will your organization track services provided to Thornton residents?

What experience does your organization have administering a project of similar size and scope? Note your organization's capacity to carry out the proposed activity.

What is the anticipated start and end date of the project?

Please provide a project timeline for the purpose of staff check-ins.

Disclaimer and Signature

Is your organization aware of an actual or potential conflict of interest with your application for funds? If so, please disclose that information here.

This includes a City of Thornton employee, Council member, board member, or selection committee member (collectively, "City Staff Members"). A conflict of interest is a personal interest of a City Staff Member or a relative of a City Staff Member that influences, or may influence, or may reasonably be perceived by the public as influencing, the conduct of the City Staff Member in the exercise of any of the City Staff Member's powers or duties with respect to your organization's application for funds.

I certify that my answers are true and complete to the best of my knowledge. By signing below, I certify under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person.

Signature: _____ Date: _____

Thank you for applying for the Thornton Opioid Treatment Subsidy. All proposals must be submitted no later than 5:00 p.m. on May 29, 2023. Proposals must be submitted to Connections@thorntonco.gov. Late proposals will not be accepted under any circumstance and will not be considered by the City of Thornton.