

# 2026 Porter County Opioid Funding Application

**Background:** From 2022 through 2038, the State of Indiana has acquired and is disbursing funds to fight this epidemic. Disbursements are currently scheduled to be received by units through 2038. Over the years, Porter County expects to receive approximately \$1,287,733 in Unrestricted Opioid Funds. Porter County is seeking to fight this epidemic by providing funds to organizations working to support people in treatment and recovery. The funds are appropriated through grants disbursed via the Unrestricted Fund.

Please include a copy of your organization's 990 with your application.

## *2026 Applications will be due to the Committee by February 28th, 2026*

Disbursements are anticipated to take place during the 2026 Budget Year.

**Note: Applications must go through a review process. Opioid funding is limited, and some applications may not be approved. Only proposals directly related to addressing the opioid epidemic will be considered for funding.**

Procedure	
<b>Step 1 Determine Eligibility</b>	<p><b>Step 1.</b> Determine eligibility for funding proposal consideration. In order to qualify for funding, non-profit organizations must fall into one of the following two categories:</p> <ol style="list-style-type: none"> <li>1) The organization must be a nonprofit entity registered as a 501C3 or governmental agency working to treat, prevent, or combat substance use disorder.               <ul style="list-style-type: none"> <li>○ <b>Prevention Initiatives:</b> Programs aimed at educating the public about the dangers of opioid use and providing resources to prevent addiction.</li> <li>○ <b>Recovery Services:</b> Funding for treatment programs, recovery support groups, and rehabilitation services that help individuals overcome opioid addiction.</li> <li>○ <b>Public Health Programs:</b> Initiatives that promote health and safety, such as overdose prevention, access to naloxone, and healthcare services for those affected by opioid use.</li> </ul> </li> </ol>
<b>Step 2 Submit Application</b>	<p><b>Step 2.</b> Gather Documentation &amp; Submit Form by <b>2/28/2026</b></p> <ul style="list-style-type: none"> <li>▪ The application may be submitted <a href="http://www.porterco.org/opioid-settlement">http://www.porterco.org/opioid-settlement</a></li> <li>▪ Ensure required 501C3 and 990 reports are included with your submission</li> </ul>
<b>Step 3 Review and Scoring</b>	<p><b>Step 3.</b> Applications will be reviewed for completeness and scored by the Opioid Grant Committee's scoring rubric. Finalists will be notified and will be called to present their program to the Grant Committee in-person. <b>Projects receiving matching funds will be scored higher by the committee.</b> Applicants may contact <a href="mailto:opioidsettlement@porterco.org">opioidsettlement@porterco.org</a> with any questions.</p>
<b>Step 4 Approval Process</b>	<p><b>Step 4.</b> After applications are received, scored and finalists have presented to the committee, the Opioid Grant Committee will provide a recommendation to the Porter County Commissioners for approval and the Porter County Council, who will vote on the appropriation of funds and applicants will be notified. Disbursements are subject to approval by the appropriate government bodies.</p>

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Name of Organization: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Organization Email Address: \_\_\_\_\_

Organization Physical Address: \_\_\_\_\_

Program Name (if applicable): \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Title: \_\_\_\_\_

Authorized Representative Signature:  
(Electronic/Typed Signature Accepted) \_\_\_\_\_

Signature Date: \_\_\_\_\_

Is your organization a 501C3?: \_\_\_\_\_

Years your organization has been active: \_\_\_\_\_

Amount of funding you are requesting: \_\_\_\_\_

Does your organization work with other non-profits or governmental organizations? if so, please list them.

Does your organization have employees? If so, how many?

Does your organization serve individuals outside of Porter County? If so, where and approximately how many?

Are you applying for or have received grant funds from any other organizations? If so, please list those the organizations and award amounts.

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Does your project include a capital expenditure or payroll expense?
Does your organization work with an accounting or tax professional? If so, please list their contact information
Please provide a summary of your project and details as to how the project will address the impact of Substance Use Disorder (SUD). What individuals or groups of individuals would benefit from the project?
What does your project timeline look like? If it is reoccurring, please indicate so.
Can your project be completed without the total amount of requested funds?
If you are awarded funds, will they be reimbursing amounts you have already paid or paying vendors directly?
Were you referred to this committee by someone? If so, please indicate who referred you.

By completing this application, the organization and representative certify that all information provided on this document is true and accurate. The organization/individual submitting this form agrees to follow all Porter County guidelines, comply with any County or external audit requirements/request, provide funding updates to the County Attorney and County Auditor's Office when requested, and sign (and abide by) a contractual agreement with the County. The Organization receiving funds from Porter County agrees to return funding to the County if funds are spent in a way that is unallowable under the Agreement. The group/applicant understands that completing this form does not guarantee disbursement of funds. By submitting this request form, the organization/individual confirms that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into any grant agreement by any federal or state department or agency.

# **ATTACHMENT A**

## **Opioid Settlement Fund Definition**

The **fund distribution** is controlled by the settlement agreement from the courts. See Indiana Attorney General description below.

### **Indiana Attorney General**

#### **Schedule A**

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies.

- Naloxone or other FDA- approved drug to reverse opioid overdoses
- Medication-assisted treatment distribution and other opioid-related treatment
- Pregnant & Postpartum women
- Expanding treatment for neonatal abstinence syndrome
- Expansion of warm hand-off programs and recover services
- Treatment for incarcerated population
- Prevention programs
- Expanding syringe services programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies with the State.

#### **Schedule B**

Support treatment of Opioid Use Disorder and any co-occurring Substance Use Disorder or Mental Health conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

##### **Part One: Treatment**

- Treat Opioid Use Disorder
- Connect people who need help to the help they need
- Address the needs of criminal Justice-involved Persons
- Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome.

##### **Part Two: Prevention**

- Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- Prevent misuse of opioids
- Prevent overdose deaths and other harms
- First Responders
- Leadership, planning and coordination
- Training
- Research