



**Opioid Settlement Funds Mini-Grant Information for Law Enforcement  
& First Responders**

*Please Type*

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

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Unique Entity Identifier (UEI) #: \_\_\_\_\_

PRIMARY CONTACT (Project Lead): \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

**Project Summary: Briefly summarize your project**

**Organizational Background: Brief summary of organizational information and history**

**Expected Outcomes:**

**Please include the following supporting documents with the application form:**

- Budget Justification (Excel Document)
- W-9 (PDF)