

## **At-Risk Youth Opioid Prevention and Education Grant Application and Guidance**

The Alabama Department of Human Resources (hereinafter referred to as the Department) is accepting applications for At-Risk Youth Opioid Prevention and Education Grants. For purposes of the Grants, an at-risk youth is defined as a young person who is facing circumstances or conditions which may negatively impact their academic, social, physical, mental and/or emotional progress which would increase the likelihood of opioid use and lessen the likelihood of a successful transition into adulthood. The purpose of the Grants are to assist with opioid use prevention and educational initiatives for at-risk youth. The Grants are funded from the Opioid Treatment and Abatement Fund through the Alabama Legislature.

It is recommended that providers read all guidance prior to submitting Opioid Prevention and Education Grant Application for At-Risk Youth. Please note, an application that is submitted incomplete or with errors may result in a significant delay in receiving any eligible funding. For questions regarding the application, please call 334-242-9533.

### **Who is eligible to apply?**

Grants will be awarded to eligible providers contingent upon availability of funding. In order to be eligible to apply for the Grant, a provider must meet the following criteria:

- Have no current adverse action imposed by the Department
- Be in good standing within the community
- Expected services and resulting outcomes are in line with the intended scope of Grant

### **How much money will be received?**

Total allotted funds designated is \$500,000. It is the desire of the Department that a minimum of 10 grants will be awarded with a maximum of 20 being awarded. Award amount will be based on proposal.

### **How can CCWS Grant Funding be used?**

Each proposal is to submit detailed information as to the use of the funds with a focus on at-risk youth opioid prevention and education.

### **When is the deadline to apply?**

Applications must be received with a postmark date of November 10, 2025, if mailed. If hand delivered, the application and relevant information is to be received by 4:30pm on November 10, 2025.

### **How do I submit an application?**

Applications may be submitted via electronic submission, email, mail or in-person. Information on where to submit an application can be found below.

### **Point of Contact: Shawanda Harris**

**Email:** Shawanda.Harris@dhr.alabama.gov

**Mail:** 50 North Ripley Street, Montgomery, AL 36130

**In-person delivery:** Shawanda Harris

### **How will I receive the payment?**

A check will be mailed to the address indicated on the grant application. If the grant is awarded the recipient must have an active vendor account in the State of Alabama Accounting and Resource System (STAARS) to receive the check.

## **At-Risk Youth Opioid Prevention and Education Grant Application**

### **Section 1: Grant Information**

Write or type the requested general information.

<u>Name of Applicant:</u>	Person who is completing the application
<u>Provider ID:</u>	DHR generated unique identifier, if applicable
<u>Telephone Number:</u>	Telephone number, including area code, where the applicant may be reached
<u>Email Address:</u>	Email address where the applicant may be reached
<u>Agency/Organizational Name:</u>	Name of the Agency or Organization submitting application
<u>Agency/Organizational Physical Address:</u>	Street address, including city, county, and zip code where the entity is physically located in the state of Alabama
<u>Agency/Organizational Mailing Address:</u>	Street address, including city, state, and zip code where the entity receives mail if different from the physical address
<u>Method of payment:</u>	Check <b>CK</b> to acknowledge that you will be receiving a mailed check. If the grant is awarded the recipient must have an active vendor account in the State of Alabama Accounting and Resource System (STAARS) to receive the check.

**Section 2: Acknowledgement of Terms, Submissions, and Payment:** Read and acknowledge the terms of receiving the Grant. Sign and date the application prior to submission.

**At-Risk Youth Opioid Prevention and Education Grant Application (Form)**

<b>Section 1: Grant Information- Attach a copy of agency/organization's W-9 and Application Form</b>
Name of Applicant: _____ Provider ID: _____
Telephone Number: (    ) _____ Email Address: _____
Agency/Org Name _____
Agency/Org Physical Address: _____
City: _____ County: _____ Zip Code: _____
<i>Complete only if mailing address is different from physical address:</i>
Agency/Org Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Acknowledge payment method of check <input type="checkbox"/> CK
If the grant is awarded the recipient must have an active vendor account in STAARS to receive the check.
Description of Agency/Organization to include history of service and current initiatives/work:     
Description of demographics and definition of population of At-Risk Youth to be served:     
Proposed prevention and educational services for at-risk youth related to opioids:     
Expected outcomes:     
Other relevant general information:     

## **Section 2: Acknowledgement of Terms, Certifications, and Signature**

By submitting this Application and/or accepting funds distributed pursuant to this Application, the undersigned certifies and agrees:

1. To be bound by any and all terms set forth in this Application and to use any and all funds distributed pursuant to this Application in the manner set forth below;
2. This Application does not create a contractual relationship with the State of Alabama or any of its Agencies and any failure to distribute funds pursuant to this Application does not create a cause of action nor does it carry any appeal rights;
3. To only expend the funds in a manner as defined in this Application Guidance and to expend the total payment approved within 365 days of receipt of each disbursement;
4. To keep detailed, accurate, and truthful accounting records of the receipt, use, and disbursement of all funds received pursuant to this Application;
5. To allow the Department or its representatives unlimited access to audit and examine any and all records related to the funds disbursed pursuant to this Application, including, but not limited to, all records, reports, distributions, account ledgers, balance sheets, bank records, credit card statements, electronic payment records, receipts, or other documents related to the receipt and distribution of funds pursuant to this Application; failure to provide accurate documentation will be construed as filing a false statement;
6. That any funds received pursuant to this Application are subject to repayment, reclaim and recapture if (a) the funds are not used in the manner provided for and set forth in this Application, or (b) if access to records or information as set forth in the preceding paragraphs is refused or denied by the person(s) or entity receiving funds pursuant to this Application or, (c) if any information provided in the Application is found to be false or misleading; any agency action in requesting or demanding repayment, reclaim, and/or recapture is a final determination and is not subject to appeal;
7. That if funding is reduced or restricted prior to distribution by legislative action, federal or state allocations, or executive action, the amount distributed under this Application will be reduced or eliminated accordingly;
8. That this Application does not and will not violate any conflict of interest provisions in any respect and agrees not to employ an individual that would result in a violation of this law;
9. Will not use any funds disbursed under this application for lobbying or any other prohibited use;
10. The information included in this Application is true and correct; and the person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application.
11. Certify acceptance of any subgrants must be to supplement, not supplant existing funding streams.

**Signature:** \_\_\_\_\_

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