



*Aroostook County Commissioners' Office
Aroostook County
144 Sweden Street, Suite 1
Caribou, Maine 04736*

AROOSTOOK COUNTY OPIOID SETTLEMENT FUND LETTER OF INTENT

**All Letters of Intent must be received by mail or electronically
by 4 p.m., Monday, December 16, 2024.**

Letters of Intent can be sent via mail to County of Aroostook, 144 Sweden St, Suite 1, Caribou, ME 04736 or via email to County Administrator, Ryan D. Pelletier at ryan@aroostook.me.us.

If you would like to be considered for Opioid Settlement funding you are required to submit a **Letter of Intent (LOI)** as part of the application submission. By submitting this form, you are notifying the County that you intend to apply for Opioid Settlement funds for an eligible project before the application deadline. If you choose not to apply after submitting the LOI, you do not need to notify the County.

Eligibility to submit an application does not imply final project approval or funding. It will be used to assess eligibility and identify a potential project. You will receive a Notification Eligibility Email from the County if your proposed project is determined to be eligible. If awarded, funds will not be available until after February 1, 2025. If the County Administration has any questions, they will contact you via email.

Limit of one LOI/Application per applying entity.

If approved, the project priority area chosen on the LOI, must be the same as the subsequently submitted Application for funding.

Opioid Settlement Funding Letter of Intent

1. Applicant Information

Agency/Organization:		Phone:	
Address:		Fax:	
City/Zip:		Email:	
Contact Person:		Title:	

Type of Agency/Organization (Select One):

<input type="checkbox"/>	Public	<input type="checkbox"/>	Private	<input type="checkbox"/>	Government
<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	For-Profit		
Number of Years in Operation:		<input type="text"/>			

2. Eligibility Categories (Select One)

<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Recovery
<input type="checkbox"/>	Treatment	<input type="checkbox"/>	Harm Reduction

3. Priority Area (Select One)

<input type="checkbox"/>	Youth Engagement
<input type="checkbox"/>	Workforce Development
<input type="checkbox"/>	Recovery Services Expansion
<input type="checkbox"/>	Stigma Reduction
<input type="checkbox"/>	Naloxone Training & Education

4. Population(s) Served (Select All)

<input type="checkbox"/>	Children 0-3	<input type="checkbox"/>	Young Adults 19-25
<input type="checkbox"/>	Children 4-12	<input type="checkbox"/>	Adults 25-62
<input type="checkbox"/>	Teens 13-18	<input type="checkbox"/>	Seniors 63+

5. Cost Estimates and Program Funding

Provide an estimated program cost, amount of Opioid Settlement funds to be requested and sources, amounts and dates secured for all anticipated cash matching funds. ***A 25% cash match of the total funding award is recommended. Match amounts may come from any public or private source dependent upon Federal Funding requirements.***

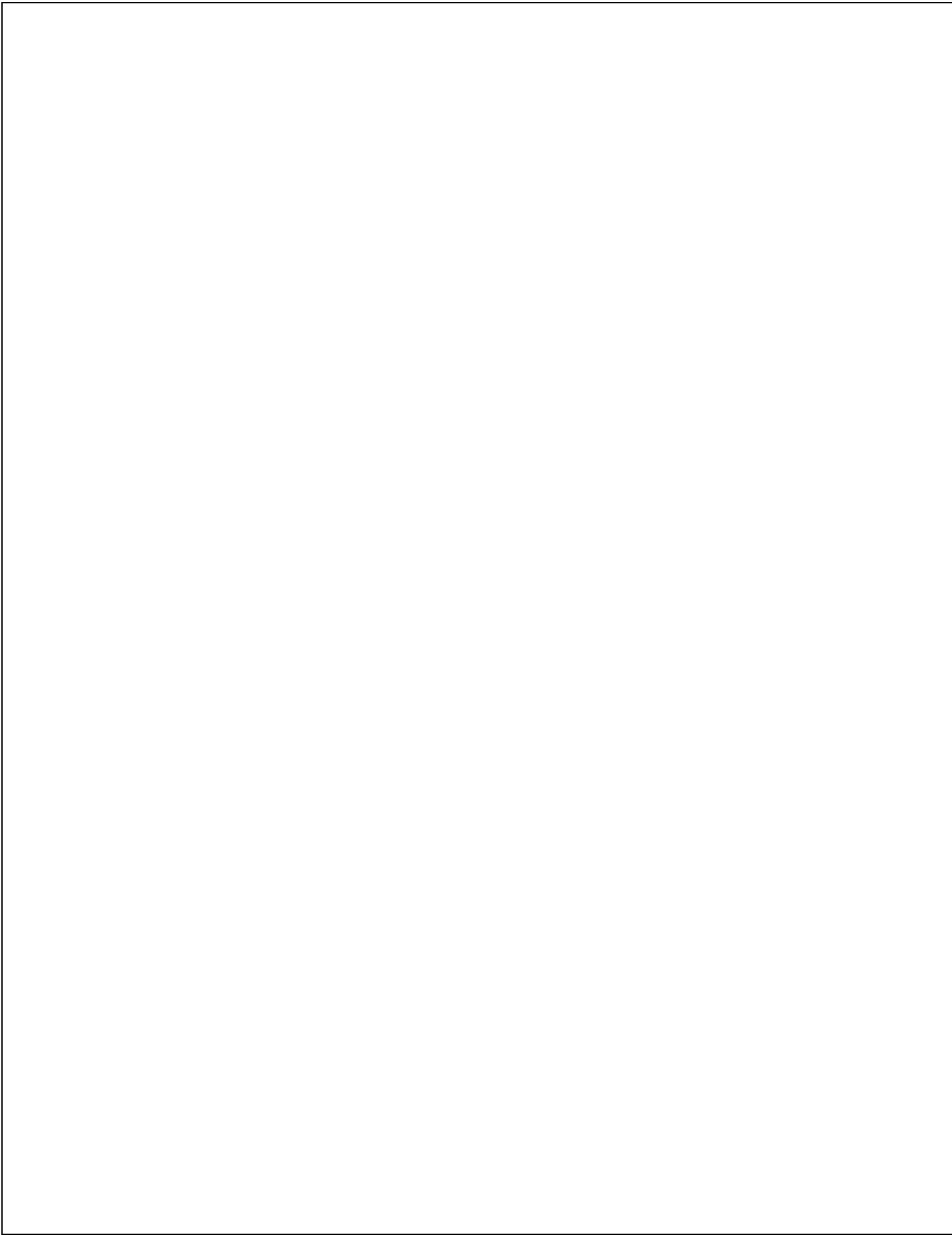
Total Estimated Program Cost:	\$ <input type="text"/>	Opioid Settlement Fund Request:	\$ <input type="text"/>
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Funding Source	Amount	Date Secured
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

% of Funds to be used for Direct Service(s)	<input type="text"/>
% of Funds to be used for Indirect Service(s)	<input type="text"/>

6. Program Information

Provide a clear, concise description of the proposed program using the space below. The scope of work should be very specific in identifying how the funds will be used to meet the Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds within eligible activity categories. For existing programs, describe the service, how it has been financed thus far, and why these funds are needed now. For new programs, describe the intent of the service, how the funds will be used, and how the program will be sustained. **Maximum of 1000 words.**



What barriers currently hinder program development and implementation and how will these barriers be overcome?

How will the effectiveness of the program be determined?

Applicant Certifications

- a. To the best of my knowledge and belief, the information in this Letter of Intent and all attached documentation is true and correct; and
- b. This Letter of Intent complies with all applicable State and Federal laws and regulations; and
- c. Approval of this Letter of Intent by the County to submit a final application does not imply final project approval or funding.

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Signature of Authorized Person

Name of Organization

Date