



Harrison County Commission
Opioid Settlement Funds Application

The Harrison County Commission has recently acquired funds resulting from legal actions against specific entities within the Pharmaceutical Supply Chain, known as the Opioid Lawsuits. These funds, often referred to as Opioid Funds, have been earmarked for addressing the damages caused by the entities in question.

These Opioid Funds are designated for targeted initiatives aimed at mitigating the adverse effects stemming from the actions of certain parties within the Pharmaceutical Supply Chain. The delineation of these objectives is outlined in the West Virginia First Memorandum of Understanding. Broadly categorized, the purposes identified by the Harrison County Commission include Prevention, Response, and Recovery efforts.

Interested parties are invited to apply for a share of these funds from the Harrison County Commission by completing the attached form.

Legal Entity Name _____

Federal Employer Identification Number (FEIN) _____

Address _____

Contact Person: _____

Email: _____

Phone: _____

Please list the organization's board of directors and officers, if applicable.



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Please select which category your project best fits:

<input type="checkbox"/>	Prevention
<input type="checkbox"/>	Response
<input type="checkbox"/>	Recovery

Please describe your project below: (attach additional documents if necessary)

Amount requested from the Harrison County Commission:

\$	
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Project's overall estimated cost:

\$	
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Please describe any other funding sources, and amounts, that the organization have/intend to apply, including any other sources of the Opioid Funds.



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Please provide details on how the requested funds from the Harrison County Commission will be used through this project.



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Applicants are encouraged to prepare and provide a funding/project/nonprofit business plan. Any applicant seeking significant funding that does not provide such a plan, may be summarily denied.

All funding decisions are at the discretion of the Harrison County Commission. The Commission may request that a representative of the organization appear to present the request and respond to any questions. If the applicant's representative does not appear upon request, the application may be summarily denied.

I certify that all of the information presented is true and correct to the best of my knowledge. Additionally, I am authorized by the organization listed above to complete this application for Opioid Settlement Funds.

Signature of Representative

Printed Name

Date