



CITY OF MCKINNEY
Program Grant Application
Opioid Settlement Funding
FY 2023-24

Deadline: April 3, 2024
Community Services Division
Housing & Community Development Department
Phone: 972-527-7572



INSTRUCTIONS FOR THE CITY OF MCKINNEY OPIOID SETTLEMENT FUNDS GRANT FY 2023-2024

INTRODUCTION

The State of Texas, along with a coalition of states and subdivisions (cities and counties), reached final agreements with pharmaceutical and manufacturing companies (including Teva, Allergan, CVS, Walmart, and Walgreens) to resolve “legal claims against them for their role in the opioid crisis.” The State of Texas received about \$1.6 billion in the settlements. A bill passed by the Texas Legislature in 2021 created the Texas Opioid Abatement Trust Fund that allowed for funds to be allocated to cities and counties.

The City of McKinney will use a portion of the grant funding to encourage eligible non-profit or for-profit organizations to apply for funding to aid in the treatment of opioid use disorders, mental health or any other occurring substance use that impacts the McKinney community.

PROGRAM GRANT

The City of McKinney will award one (1) grant totaling \$41,000 to the organization(s) that directly advances the grant focus area to reduce the harmful impacts under the Opioid crisis.

Grant Focus Areas:

1. Treatment of opioid use and disorders and any co-occurring substance use disorder

APPLICATION QUESTIONS

Section I: Organization Information – Name of the Organization

Organization Overview and Background

1. **Organization Mission and History:** What is your organization's mission and history?

2. **Organization Description:** Briefly describe your organization's current programs and activities. Highlight any additional information such as relevant experience or recent accomplishments.

Financial Information

3. **Annual Budget:** What is your organization's budget for the current fiscal year?
Upload a copy of your organization's annual budget using Exhibit attached. (Budget)

4. **Annual Budget Narrative:** Please provide a budget narrative for your organization's annual budget. Please include a description of how the funding requested will impact your annual budget. (2,500 characters)
5. **Auditor Financial Statement:** Your organization's previous fiscal year audit or certified financial statement.
6. **Budget Additional Information:** Is there anything you'd like to share about your organization's budget, audit, or financial statement? (2,000 characters)

Geographic Area

7. **Primary Service Area Location:** Please share the zip code(s) that best describes your organization's primary service area.
8. **Primary Service Area Track Record:** Please share your organization's track record providing services in the zip code(s) you shared above.

Population(s) of Focus

9. **Community Description:** Please describe the community your organization supports. (3,000 characters)

In your responses, please address:

- What is important demographic information about the community you work with?
- Where are your services located?
- What are some of the key strengths and assets that you have determined within McKinney?
- What are unique needs experienced or expressed within the city, and how does your organization currently work to ensure needs are or can be met?

10. **Community Engagement:** Please describe how your organization engages McKinney residents. (4,000 characters)

In your answer please include:

- How does your organization work together with participants and community members to shape programming and make critical decisions?
- How has your organization worked to build trust?
- How does your organization make strides to “meet participants where they are”?

11. **Meeting the Needs of Underserved Populations:** Please describe how your organization is equipped to meet the unique needs of McKinney (2,000 characters)

Section II. Program Description and Grant Focus

12. **Program Name:**

13. **Grant Focus Area**

Please identify the focus area(s) that your organization’s work supports.

14. **Program Description:** Please describe your program model and activities. (10,000 characters) In your answer, please address:

- Will the funding you request support an existing program or new program?
- What is your plan implementing your proposed program? What is your timeline for implementation? Who are the staff members responsible for implementing the program?
- How does your proposed program advance the Grant Focus Area(s) you selected?

15. **Evidence-Based or Evidence-Informed Approach:** To what extent is your proposed program evidence-based or evidence-informed? (3,000 characters)

The definition of Evidence-Based Practice (EBP) refers to any approach to prevention, treatment, or recovery that is backed by some form of documented research evidence and has been shown to be effective.

Please use the [SAMHSA Resource Finder](#) (or a database of your choice) to cite any reliable sources that support your proposed prevention programming and explain why. **Collaborative Efforts:** Please describe any community partnerships you have or plan to develop through this project. Please list any organizations you plan to partner with for this grant opportunity and what their roles would be. Collaborations are not required.

16. **Program Budget:** Please provide a budget that outlines how you plan to use the grant dollars. (Note – organization will be required to submit on their own form.)

17. **Budget Narrative:** Please provide a budget narrative, please describe how the funding will be used by category. (3,000 characters)

18. **Tracking Success:** Please describe what success looks like for your organization, program, or project. How does your organization currently collect data and track program progress and impact? (3,000 characters)

19. **Conflicts of Interest.** Please review and complete the attached Conflict of Interest form and sign the certification, to submit with your application. Do NOT leave the document unsigned or incomplete.

20. **Outcomes of Interest:** Please list three (3) outcomes that the organization will seek to achieve because of this funding. The outcomes should be measurable and achievable within the grant period under the program year, **October 1, 2023 – September 30, 2024.** Funds must be expended by this date.

Sample outcomes may include:

- Increased knowledge of substance use disorders, overdose reversal, and how to support a loved one who may be experiencing substance use disorders.
- Increased prosocial behavior among youth participants.
- Improved community cohesion
- Increased linkages to treatment and/or recovery programs
- Increased community engagement in activities promoting health and safety.

BEFORE YOU SUBMIT – READ THIS!

Applicants should submit the entire application packet to:

consolidatedgrants@mckinneytexas.org

In the email heading, provide the name of your agency – submittal for OS Fund.

Before submittal, review your complete application packet:

- Application narratives, with questions answered.
- Completed and signed Conflict-of-Interest form
- Copy of Program Budget (provide by organization)
- Completed copy of Organization Budget (use form provided by city)
- Copy of Insurance ACORD
- Copy of most current audit

McKinney Opioid Settlement Fund Frequently Asked Questions (FAQs)

1. Where can I find the application to apply?

Applicants may download the application packet online at www.mckinneytexas.org/Grants

2. What is the deadline?

The deadline to submit the packet is April 3, 2024

Submit the entire grant packet to consolidatedgrants@mckinneytexas.org

3. Can my organization submit more than one application?

No. Your organization can only submit one (1) application for review. More than one organization may be selected for the grant award totaling \$41,000.

4. Are their PDF versions of the application available.

Yes, there will be a PDF version of the application available for download.

Who is eligible to apply for this funding?

- Nonprofit status organizations: The organization must be recognized as a tax-exempt under 501(c)(3) of the Internal Revenue Code. Or, have a fiscal sponsor.
- **For profit organizations are eligible but must provide services free of charge to program participants**
- Organizations under Geographic Location: The applying organization must be based in McKinney and currently serve McKinney residents within any of the following zip codes; **75069, 75070, 75071, or 75072.**
- Organizations must be able to operate in the State of Texas.

5. Can the Organization charge for the services rendered to McKinney residents?

No. Services must be free and provided only to residents that live within the city limits of McKinney. Priority funding consideration may be given to the awarded organization that also provides services to clientele at income limits of 0-80% Low-to-Moderate Income.

Dallas TX HUD Metro FMR (COLLIN CO.)	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low 30% and under	\$21,700	\$24,800	\$27,900	\$30,950	\$35,140	\$40,280	\$45,420	\$50,560
Very Low 50%	\$36,100	\$41,250	\$46,400	\$51,550	\$55,700	\$59,800	\$63,950	\$68,050
Low/Moderate 80%	\$57,750	\$66,000	\$74,250	\$82,500	\$89,100	\$95,700	\$102,300	\$108,900

6. Is this a renewal grant?

No. The funding is only under a one-time, special cycle.

7. What type of type of audit or financial documents are required with the application?

Applicant organizations should submit their most recent financial statements. Financial reports eligible for submittal may include:

- Audited financial statements (including the management letter)
- Reviewed financial statements or complied financial statements.