



CITY OF MCKINNEY
Program Grant Application
Opioid Settlement Funding
FY 2025-2026

Deadline: Friday, November 28, 2025
Community Services Division
Housing & Community Development Department
Phone: 972-527-7577



INSTRUCTIONS FOR THE CITY OF MCKINNEY OPIOID SETTLEMENT FUND GRANT FY 2025-2026

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 funds to be allocated to cities and counties.

- On April 1, 2025, the City received a total of \$134,185 for the 2025 distribution from the Opioid Abatement Settlement Fund. Political subdivisions may use their discretion to spend their allocated share of the funds, as long as the funds are used to address opioid-related harms in their communities and abide by state and federal laws. Reference to Texas Government Code 403.506(c)(1).
- McKinney City Council amended the city’s FY 2025-2026 Annual Budget on October 6, 2025, by appropriating \$ 53,785 to the Housing & Community Development, under the FY26 Opioid Settlement Application process, whereby the Community Grants Advisory Commission will conduct public hearings for use of funds by eligible non-profit organizations 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 impact the McKinney community.

PROGRAM OVERVIEW

The City of McKinney will award funding for a total of \$53,785 to eligible organization(s) that directly advance the purpose to reduce the harmful impact under the Opioid or other substance abuse crisis. Applicants must submit a complete application for consideration.

Applicants are due by Friday, November 28, 2025 for consideration. A complete application packet must be submitted by email to consolidatedgrants@mckinneytexas.org.

Public Hearing Requirements. The Community Grants Advisory Commission (CGAC) will conduct a public hearing on **December 3, 2025** for consideration of funding recommendations to the McKinney City Council at 6:30 PM at McKinney City Hall, Council Chamber 401 E. Virginia Street, McKinney, Texas. Applicants are not required to participate in the public hearing; however, participation is strongly encouraged. Applicants will have up to three (3) minutes to present a summary of their application for their funding proposal. Thereafter, members of the Community Grants Advisory Commission may ask questions of the applicant for further knowledge and clarification of the submitted proposal. Following the public hearings,

the Commissioners will consider eligible proposals for funding recommendations to the City Council. All applicants will be notified upon completion of the deliberation process.

Cost Allowances. Allowable costs under the awarding of funds must be determined as those which are reasonable and necessary for the proper and efficient performance and administration of the project activity, and allocable to the grant project.

Narratives. Applicants will be required to respond to the application narrative questions listed in Section I. of the application. Applicants will have access to provide unlimited characters, unless specified, in response to the corresponding question. Select the light blue section under each question to provide responses, labeled, “[Click or tap here to enter text.](#)”

Approved Use of Funds. Core strategies and approved uses for the funds may include the following:

- **Treating Opioid Use Disorder (OUD):** Expanding access to evidence-based treatment, including medication-assisted treatment (MAT/MOUD), and supporting individuals in treatment and recovery. This includes Treatment of opioid use and disorders, and any co-occurring substance use disorder.
- **Recovery Support Services:** Providing wrap-around services such as recovery housing, transportation, job placement assistance, peer support services, and childcare.
- **Harm Reduction:** Distributing overdose reversal medications (like naloxone/Narcan) and fentanyl test strips.
- **Prevention:** Implementing school- and community-based prevention programs, educating the public on risks and proper disposal of medications, and preventing over-prescribing by healthcare providers.
- **Leadership and Coordination:** Supporting planning and coordination efforts across different agencies and community organizations to abate the epidemic.

Records Retention. Awarded participants are expected to maintain all financial records, supporting documents, and all other records pertinent to the grant project or grant award for the later of:

(1) five years following the submission of a final report; or

(2) if any litigation, claim, or audit is started, or any open records request is received, before the expiration of the five-year records retention period, one year after the completion of the litigation, claim, audit, or open records request and resolution of all issues which arise from it.

Resources - Checklist, Frequently Asked Questions (FAQs). Please review the summary of narrative questions, the attached FAQs and checklist prior to starting the application process. **Technical Assistance.** Applicants will have access to a non-mandatory application meeting and technical assistance prior to the submittal of the application. For questions, contact consolidatedgrants@mckinneytexas.org. Application meetings or communication will take place from November 20 – November 26.

SECTION I.

APPLICATION QUESTIONS

FY 2026 CITY OF MCKINNEY OPIOID SETTLEMENT FUND

APPLICATION QUESTIONS

Organization Information –

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.

General Financial Information

3. **Budgets - Annual Budget:** What is your organization's total budget for the current fiscal year (Numerical Response)?

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.

Program Narrative: Please provide your program budget total and narrative. Please include a description of how the funding requested will impact on the implementation of your activity. (2,500 characters)

4. **Auditor Financial Statement:** Your organization's previous fiscal year audit or certified financial statement.
5. **Additional Budget Information:** Is there anything you'd like to share about your organization's budget, audit, or financial statement? (2,000 characters)

Geographic Area

6. **Primary Service Area Location:** Please share the zip code(s) that best describes your organization's primary service area.
7. **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

8. **Community Description:** Please describe the community your organization supports. In responses below, please address these questions:
 - What is important demographic information to share about the community you work with?
 - Where are your services located?
 - What are some of the key strengths and assets that you have determined are needed within the McKinney community?
 - 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?

(3,000 characters)

9. **Community Engagement:** Describe how your organization engages McKinney residents. (4,000 characters)

In your answer please include:

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

10. **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 FUND FOCUS

11. **Program Name:**

12. **Grant Focus Area:**

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

13. **Program Description:** Please describe your program model and activities. (10,000 characters) In your answer below, 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?

14. **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: If applicable, 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.

15. **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.)

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

17. **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)

18. **Outcomes of Interest:** 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, 2025 – September 30, 2026**. Funds must be spent no later than 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 by 20%.
- Improved community cohesion
- Increased linkages to treatment and/or recovery programs
- Increased community engagement in activities promoting health and safety.

GENERAL INSURANCE REQUIREMENTS

- A. Before commencing work or executing a program funded in full or in part with the Community Development Block Grant (CDBG), the vendor (Agency/Subrecipient) shall at its own expense procure, pay for and maintain the following insurance written by companies approved by the state of Texas and acceptable to the City of McKinney. The Agency shall furnish to the City of McKinney certificates of insurance executed by the insurer or its authorized agent stating coverages, limits, expiration dates and compliance with all applicable required provisions. Certificate shall reference the program, **Opioid Settlement Grant Fund, FY26** and MUST be addressed as follows:

City of McKinney
c/o Procurement Services
P.O. Box 517 McKinney, TX 75070

Before the grant agreement is fully executed by the agency, awarded agencies must submit the ACORD to the following grant contact by email: consolidatedgrants@mckinneytexas.org.

1. Commercial General Liability insurance, including, but not limited to Premises/Operations, Personal & Advertising Injury, Products/Completed Operations, Independent Contractors and Contractual Liability, with minimum combined single limits of \$1,000,000 per-occurrence, \$2,000,000 general aggregate. Coverage must be written on an occurrence form. The General Aggregate shall apply on a per project basis.
 2. Workers' Compensation insurance with Texas statutory limits; and Employer's Liability coverage with minimum limits for bodily injury: a) by accident, \$500,000 each accident, b) by disease, \$500,000 per employee with a per policy aggregate of \$500,000.
 3. Business Automobile Liability Insurance covering owned, hired and non-owned vehicles, with a minimum combined bodily injury and property damage limit of \$1,000,000 per occurrence.
- B. With reference to the foregoing required insurance, the vendor agrees to the following:
1. A waiver of subrogation in favor of City of McKinney, its officials, employees, and officers shall be contained in the Workers' Compensation insurance policy.
 2. The City of McKinney, its officials, employees, and officers, shall be covered as additional insureds on the Commercial General Liability and Business Automobile Liability policies.
 3. Policies of insurance shall not be cancelled, non-renewed, terminated, or materially changed unless and until thirty (30) days' notice has been given to City of McKinney.
- C. Insurance limits can be met with a combination of primary and excess/umbrella coverage.
- D. All insurance shall be purchased from an insurance company that meets a financial rating of A- VI or better as assigned by A.M. Best Company or equivalent.
- E. The vendor shall require any contractors, sub-contractors, and other persons doing business with or for the vendor related to the work to maintain at least the insurance as required, or their liability shall be covered by the vendor.

**CITY OF MCKINNEY
FY 2026 OPIOID SETTLEMENT FUND APPLICATION PROCESS
CONFLICT OF INTEREST QUESTIONNAIRE**

Questionnaire MUST BE included and signed with application.

The purpose of this questionnaire is to determine if the applicant, any of the applicant's staff, or any of the applicant's Board of Directors would be in possible conflict of interest. The **Applicant/organization** agrees to abide by the provisions of, but not limited to, City of McKinney, and Texas State Law, conflict of interest (Form 1295), with respect to conflict of interest and covenants that it presently has no financial interest and shall not require any financial interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under those program regulations and requirements.

The Applicant further covenants that in the performance of receiving funding, no person having such a financial interest shall be employed by the Agency/organization. Conflict of interest provisions apply to any person who is an employee, agent, family, consultant, officer or elected official of the City of McKinney, OR an employee, agent, family member, consultant, officer or elected/appointed officer of any designated public agencies or sub-recipients, which are receiving funds. If funding is recommended and awarded, the proposed organization will be required to complete an additional form. Items will be included within grant agreements.

Please view and complete this form for submission with application.
(Applicable under Question #18.)

Name of Organization: _____

1. Is there any member(s) of the applicant's staff OR any member(s) of the applicant's Board of Directors or governing body who is or has/have been within one year of the date of this questionnaire (a) a City employee or consultant, OR (b) a City Council member, or (c) a member of the Community Grant Advisory Commission (CGAC) member?

☐ Yes

☐ No

If yes, list the name(s) and information requested below:

Name of person	Job, Title of person	Indicate City employee, consultant, City Council member, or CGAC member

2. Will the program funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a city employee, consultant, City Council person or Community Grant Advisory Commission member?

☐ Yes

☐ No

If yes, please list the name(s) and information requested below:

Name of person	Job, Title of person	Indicate City employee, consultant, City Council person, or CGAC member

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, City Council person, Commission member?

☐ Yes

☐ No

If yes, please identify below the City employee, consultant, or Council member with whom each individual has family or business ties.

Name of member	Name of City employee, Consultant, City Council member, CGAC member	Indicate type of tie (Family or Business)	If family, indicate relationship

**STATEMENT OF COMPLETION AND CERTIFICATION
FY26 MCKINNEY OPIOID SETTLEMENT FUND APPLICATION**

STATEMENT. The Applicant/organization certifies to the best of his/her knowledge and belief that the data in this completed application and form is true and correct. The Applicant/organization confirms that they have read and understood the requirements and items regarding potential or actual Conflict of Interest.

CERTIFICATION. I certify that this application has been duly authorized by the governing body of my organization, and that my organization will comply with all the requirements of the grant fund, if the application is approved.

Name of Applicant: _____

Signature of Applicant's Representative: _____

Title: _____

Date: _____

Opioid Settlement Fund Application FY 2026 City of McKinney

Complete Application Checklist

- ✓ Application Responses, Questions 1 - 18 narratives, all answered

Attachments:

- ✓ Conflict of Interest Form
- ✓ Programming Budget
- ✓ Organization Budget
- ✓ Copy of Insurance ACORD
(Provide if available; required once funds are awarded)
- ✓ Most Current Audit, or Financial Audit Statements
- ✓ Copy of Most Recently filed IRS 990 form
- ✓ Signed Statement of Completion and Certification
- ✓ Current Copy of TX Franchise Tax Certification

Applications are due November 28, 2025.

Email complete packet (Application and attachments to consolidatedgrants@mckinneytexas.org) Applicants will be notified and confirmed December 1. Applicants are encouraged to participate in the public hearing process scheduled for December 3.