

Contact & Organizational Information

Contact Information

	Name	Mailing Address including city, state, & zip	Phone Number	Email
Primary Contact (Organization Representative, Executive Director, CEO, etc.)	Primary Contact Name	Primary Contact Mailing Address	(345) 678-9012	primarycontact@email.com
Secondary Contact (Assistant Director, Treasurer, CFO, etc.)	Secondary Contact Name	Secondary Contact Mailing Address	(234) 567-8901	secondarycontact@email.com

Organization Information

Organization Website		KY-TESTER Organization Website Address		
Organization Name	Mailing Address	City, State, Zip	Phone Number	Email
KY-TESTER Organization Name	KY-TESTER Organization Mailing Address	KY-Tester City, State, Zip	(345) 678-9012	kytesterorganization@email.com
Federal Employer I.D. (FEIN)		61-2345678		
KY Secretary of State Organization I.D.		76543210		
Is the organization a charitable nonprofit actively raising funds to support your mission		Yes		
If Yes, is your nonprofit's annual registration up to date with the Office of Consumer Protection, Kentucky Office of the Attorney General?		Yes If you answer no, you must register in order to receive any award.		
If a non-profit, attach your IRS Letter of Determination (501c3) documents formatted as .pdf preferred		/_Upload/49eadd1-163f-436b-bd4d-b9f9344b791a.docx		
Attach your organization's most recent IRS Form 990, if applicable. documents formatted as .pdf preferred		/_Upload/08fbd304-4c92-4582-b43c-843242913c2f.pdf		

Audit Reports

Attach 3 years of audit reports. If no audits are available, please attach other records such as year-end financial statements, tax returns, etc.
documents formatted as .pdf preferred

FY 2021	Audit Report - FY2021 - for testing upload.pdf
FY 2022	Audit Report - FY2022 - for testing upload.pdf
FY 2023	Audit Report - FY2023 - for testing upload.pdf

If the entity is unable to provide Audit Reports or other financial statements, please explain

KY Opioid Abatement Treatment/Recovery- 2025

Audit Reports included and attached above

Financial Performance			
	FY2021	FY2022	FY2023
Total Revenue	\$525,000.00	\$655,000.00	\$895,000.00
Net Profit/Loss	\$-25,000.00	\$35,000.00	\$45,000.00
			<i>Please enter a loss as a negative number (example -\$25,000)</i>

Revenue Sources and Amounts			
	FY2021	FY2022	FY2023
Direct Client Fees for Services	\$121,250.00	\$312,878.00	\$287,540.00
Private Insurance	\$131,375.00	\$20,222.00	\$156,832.00
Medicare	\$151,880.00	\$75,000.00	\$87,432.00
Medicaid	\$120,495.00	\$246,900.00	\$363,196.00
TOTAL	\$525,000.00	\$655,000.00	\$895,000.00

Federal, State, or Local Municipality Funding Received
 List funding received by this organization for any project from KORE, ODCP, SAMHSA, or other opioid-specific private, state or federal sources.
 Please include county or city abatement funds and any state budget appropriations

Source	Purpose	Amount	Received or Applied For
KORE	Narcan in Communities	\$25,000.00	received
ODCP	KY-ASAP	\$20,000.00	received
	TOTAL	\$45,000.00	

Additional Funding Received			
List any additional sources of funding to be used to support this proposal.			
Source	Purpose	Amount	Received or Applied For
Additional Funding Received - Source 1	Additional Funding Received - Purpose 1	\$59,832.44	applied for
Additional Funding Received - Source 2	Additional Funding Received - Purpose 2	\$75,000.00	received
	TOTAL	\$134,832.44	

Outstanding Liens or Court Judgements		
Does Your organization have any outstanding liens or court judgements? If Yes, please explain		Yes
Source	Amount	Explanation

outstanding lien 1	\$54,000.00	outstanding lien - explanation 1
outstanding lien 2	\$450,455.00	outstanding lien - explanation 2
TOTAL		\$504,455.00

Back Taxes Owed

Does Your organization owe any back payments to IRS or KY Dept. of Revenue? If Yes, please explain	Yes	
Kentucky Department of Revenue	\$25,000.00	
Internal Revenue Service	\$30,000.00	
TOTAL		\$55,000.00

Background Check Requirements

Does your organization comply with background check requirements from the state or any accreditation process that governs your work? If no, please explain	Yes	Explanation Background Check Requirement Explanation
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Campaign Finance Rules

Does your organization comply with all Kentucky campaign finance rules? If no, please explain	Yes	Explanation Campaign Finance Rules Explanation
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Tax & Employment Laws

Per KRS 45A.485, contractors and subcontractors must reveal any final determinations of violations within the previous five (5) year period of the provisions of KRS chapters 136, 139, 141, 337, 338, 341 and 342.	Yes	Explanation Tax & Employment Laws Explanation
Do you have any violations to disclose? If yes, please provide details.		

by checking this box I attest and affirm that all information included in this request for funding is true and accurate.

Organization Description

Organization Description

Please provide a clear and concise Organizational Description that includes but is not limited to:

- * Mission Statement or Purpose
- * Brief Summary of the Organization's History

Mission Statement or Purpose

KY-TESTER Mission Statement and Purpose is THIS!

Brief Summary of the Organization's History and How it Serves the Community

KY-TESTER Organization's History is this and this is how it serves the community

SAMPLE

Project Summary & Impact

Please provide a clear and concise Project Summary that will address using award funds for one or more of the specified purposes in KRS15.291(5) [https:// apps.legislature.ky.gov/law/statutes/statute.aspx?id=52961](https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52961). Be sure to include a detailed project rationale along with supportive empirical data.

- Project Mission
- How the project fills gaps in existing services
- Whether the project represents an innovation or the replication of an existing prevention, if the latter, what is the comparative advantage of the proposed project as compared to known models?

Project Title	KY-TESTER - 2025 Treatment Opioid Abatement PROJECT TITLE
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Project Summary

KY-TESTER 2025 Treatment Project Summary

Project Impact

Which category do you believe this project primarily focuses on? pick one (treatment or recovery support)	Project Focus Narrative Briefly describe how this project meets this primary focus
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Treatment	This funding will primarily assist in treatment services throughout our adult & youth population
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Target Population

Identify the population served by this proposal. Please highlight any unserved, underserved, and/or vulnerable populations that will be reached	Projected Number of Individuals to be Served within the target population in 12 months
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this is the TARGET Population including unserved, underserved and vulnerable populations	45,000
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Geographic Details

Primary Location Address (mailing address including city, state & zip)	1234 KY-TESTER Organization Way, City, State, Zip
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Which counties do you anticipate most of the clients for this project will come from?	ALL
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Which counties most benefit from your organization's services? List up to five counties where most current clients come from.	Anderson County, Fayette County, Franklin County, Lawrence County, Woodford County
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Goals/Measurable Objectives, Activities & Outcomes

Goals/Measurable Objectives, Activities, & Outcomes

- Goals/Measurable Objectives (these will become the expectations for any award)
- Activities/steps needed to reach goal
- What measurements will you use to demonstrate success?
- What do you expect the Outcomes to Be?

GOALS/MEASURABLE OBJECTIVES	ACTIVITIES	OUTCOMES
Goal / Measurable Objectives 1	Activity 1	<i>This is what we hope to accomplish as Outcome 1</i>
Goal / Measurable Objectives 2	Activity 2	<i>This is what we hope to accomplish as Outcome 2</i>

Gaps in Services

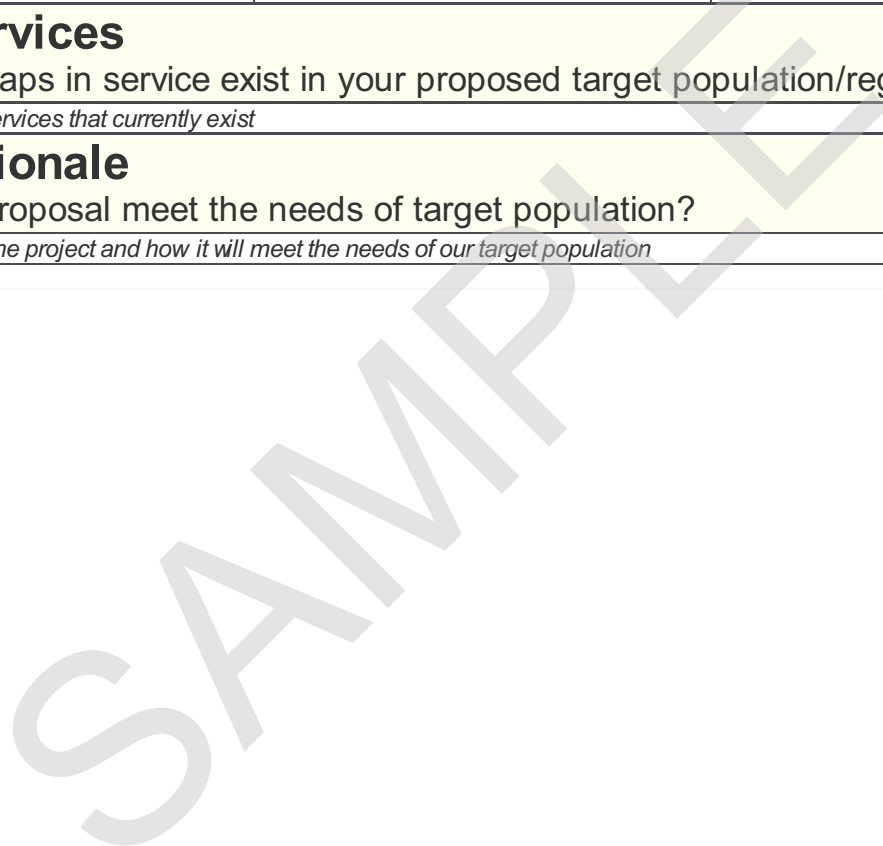
Describe what gaps in service exist in your proposed target population/region

These are the gaps in services that currently exist

Project Rationale

How does this proposal meet the needs of target population?

This is the rationale for the project and how it will meet the needs of our target population



Plan of Action

Detailed Plan of Action

provide a summary of the project workplan

This is the summary of our plan of action - it is our workplan!

Plan of Action Attachments

upload any documents that show a work plan, timeline for the project, etc.

Document Name/Description	Upload
<i>Plan of Action for testing upload</i>	<i>Plan of Action Attachment - for testing upload.pdf</i>

[documents formatted as .pdf preferred](#)

SAMPLE

Collaboration and Coordination Efforts

Collaboration & Coordination Efforts

Use this space to outline any partnerships, collaborations or coordination efforts with other entities. For any partnership listed, please include documentation of the collaborations (ex. Letter of support, proposed MOUs, etc.)

here is a list of our partnerships & collaborations

*Partnership A
Partnership B
Partnership C*

*Collaboration 1
Collaboration 2
Collaboration 3*

Collaboration & Coordination Efforts Attachments

upload any documents which document collaborations and partnerships such as letters of support, MOAs, etc.

Document Name/Description	Upload documents formatted as .pdf preferred
<i>Collaboration Attachment – for testing upload</i>	<i>Collaboration Attachment.pdf</i>

Project Evaluation Plan

Project Evaluation Plan

including data metrics, and assessment frequency. The evaluation plan measure project service outcomes covering the duration of the award. The Evaluation Plan and collected data must specify the results of project services Evaluation plan must be realistic, tied to project objectives, and achievable within the funding period. Please specify:

- Evaluation Criteria
- Data metrics being used for project evaluation
- Method of Data Collection
- Project Evaluation/assessment frequency
- Method and frequency of project modification, enhancement, and/or improvement based on application of evaluation criteria

This is the way in which we plan to evaluate the project.

Methods of Data Collections and Frequency

we will collect data quarterly by conducting community assessment surveys

Evaluation Plan Attachments

upload any documents or examples of any evaluation instrument or tools to be utilized.

Document Name/Description	Upload documents formatted as .pdf preferred
<i>Evaluation Attachment – for testing upload</i>	<i>Evaluation Attachment.pdf</i>

Optional Additional Attachment

Optional Additional Information

Applicants may use this page to upload any pertinent documents including additional justifications, letter of support or agreement, collaborations, partnerships, information regarding other donors, or any other information the applicant feels would be beneficial in the determination of this award.

Attachment Description	Upload documents formatted as .pdf preferred
<i>optional attachment 1</i>	<i>Optional Attachment - for testing upload.pdf</i>

SAMPLE

Staff Salaries & Fringe

Staff Salaries

IMPORTANT: After completing the Staff Salaries section - Click the **SAVE BUTTON** before moving on to the next section (*Staff Fringe*)

Name <small>if someone currently holds this position please enter that person's name. If, however, this is a new position please enter TBD</small>	Title	New or Existing	Annual Base Salary	Basis	% of Time Spent on Project <small>enter as decimal - maximum value = 1.0</small>	Annual Cost
Staff Name 1	Staff Title 1	new	\$125,000.00	Per Year	.500	\$62,500.00
Staff Name 2	Staff Title 2	existing	\$75,000.00	Per Year	.750	\$56,250.00
Staff Name 3	Staff Title 3	existing	\$30,000.00	Per Year	1.000	\$30,000.00
Total:						\$148,750.00

Staff Detail Budget Narrative

This section will populate after the Save button is hit above.

Name	New or Existing	Budget Justification/Narrative <small>please provide a detailed description of the activities and responsibilities of this position.</small>
Staff Name 1	new	staff 1 will serve as a Peer Support Specialist, This position will be Monday - Friday 8:00 - 4:00. The Peer Support Specialist will work to assist individuals in Recovery with navigating recovery resources
Staff Name 2	existing	staff 2 will work with area youth directly to provide resources for individuals who have been identified as an at-risk population
Staff Name 3	existing	staff 3 - will serve as supervisor

Staff Fringe

This section will populate after the Save button is hit above.

Additionally, the Annual Fringe Cost will calculate when the SAVE BUTTON is clicked again.

Staff Name	Title	Annual Base	Rate (%)	Annual Fringe Cost
Staff Name 1	Staff Title 1	\$62,500.00	.2800	\$17,500.00
Staff Name 2	Staff Title 2	\$56250	.3200	\$18,000.00
Staff Name 3	Staff Title 3	\$30000	.4100	\$12,300.00
Personnel Cost:		\$148,750.00	Total Fringe Cost:	\$47,800.00

TOTAL Salary & Fringe

TOTAL ANNUAL STAFF	\$148,750.00
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TOTAL ANNUAL FRINGE	\$0.00
TOTAL ANNUAL STAFF SALARY & FRINGE	\$148,750.00

SAMPLE

Consultant/Contractual/General Contractor Services

Consultant/Contractual/General Contractor Services

- Describe what services are needed and the cost of those services
- Attach any bids that have been secured

Name of Provider/Vendor	Amount	Description of Service to Be Provided
<i>Consultant Name 1</i>	\$50,000.00	<i>Consultant - Service to be Provided 1</i>
<i>Consultant Name 2</i>	\$65,000.00	<i>Consultant - Service to be Provided 2</i>
<i>Consultant Name 3</i>	\$85,900.99	<i>Consultant - Service to be Provided 3</i>
TOTAL		\$200,900.99

Consultant/Contractual/General Contractor Services Attachments

Document Name/Description	Upload documents formatted as .pdf preferred
<i>Consultant Attachment – for testing upload</i>	<i>Consultant Attachment.pdf</i>

SAMPLE

Training & Travel

Training & Travel

200 KAR 2:006 Kentucky State Employee Travel Regulations should be used for travel rate computations

<https://apps.legislature.ky.gov/law/kar/titles/200/002/006/>

In the Description Column please provide the method of computation and a description of the training and travel.

The amount entered in each category should be the category total for the travel line item (i.e. lodging will be the total amount of lodging for the duration of the travel - for example lodging for a training lasting 5 nights would be calculated as the amount of per night stay times the number of nights = total lodging (5 nights x \$175 per night = \$875 for the trip)

- # of miles multiplied by mileage reimbursement rate
- lodging rate multiplied by number of nights
- airfare rate
- per diem computation should be broken down by each meal (breakfast, lunch, dinner) and computed using the meal rate established in the Kentucky State Travel Regulation
- name of training
- summary of training agenda
- training dates and location

Name	Mileage	Lodging	Transportation	Per Diem	Total
<i>travel name 1</i>	\$400.00	\$1,200.00	\$1,600.00	\$500.55	\$3,700.55
<i>travel name 2</i>	\$4,500.00	\$6,500.00	\$8,200.00	\$6,543.11	\$25,743.11
				TOTAL	\$29,443.66

Travel Detail Budget Narrative

This section will populate after the Save button is hit above

Name	Budget Justification/Narrative
	Please provide a detailed description of the training/travel requested. Include things such as who, what, when, where, why, how, how many, purpose of training/travel, etc.
<i>travel name 1</i>	<i>travel narrative - name 1</i>
<i>travel name 2</i>	<i>travel narrative - name 2</i>

Operational Expenses

Operational Expenses

please provide a detailed description/accounting of how the funding you are requesting will be used.

General requests without specifics of the use of the funds will not be considered

Operational Expense	Amount	Description
<i>operational expense 1</i>	\$450,759.99	<i>Operational Expenses description 1</i>
<i>operational expense 2</i>	\$75,600.00	<i>Operational Expenses description 2</i>
TOTAL		\$526,359.99

SAMPLE

Equipment

Equipment

- Minimum Threshold to be considered equipment is \$5,000
- Political Subdivisions Must Follow Procurement Process
- Upload Price Quotes that have been secured
- Please be as detailed in the description of the item to be purchased as possible
- **Please provide detailed descriptions on how this equipment advances the project goals**

Equipment	Amount	Description
Equipment 1	\$3,456.33	Equipment Description 1
Equipment 2	\$5,654.33	Equipment Description 2
TOTAL		\$9,110.66

Equipment Attachments

Upload any price quotes, equipment descriptions, etc.

Document Name/Description	Upload
	documents formatted as .pdf preferred
Equipment Attachment – for testing upload	Equipment Attachment.pdf

SAMPLE

Supplies & Materials

Supplies & Materials

Political Subdivisions Must Follow Procurement Process

Materials	Amount	Description
Supplies & Materials 1	\$350.77	Supplies & Materials Description 1
Supplies & Materials 2	\$786.41	Supplies & Materials Description 2
TOTAL		\$1,137.18

Supplies & Materials Attachments

upload price quotes that have been secured

Document Name/Description	Upload
	documents formatted as .pdf preferred
Materials Attachment – for testing upload	Materials Attachment.pdf

SAMPLE

Budget Summary

Budget Summary

- 12 month budget summary
- Total Budget MUST not exceed \$1,000,000

Name of Organization	<i>KY-TESTER Organization Name</i>
Name of Project	<i>KY-TESTER - 2025 Treatment Opioid Abatement PROJECT TITLE</i>
PROJECT BUDGET	
Cost Category	Funding Requested
Staff Salary	\$148,750.00
Staff Fringe Benefits	\$47,800.00
Consultant/Contractual/General Contractor Services	\$200,900.99
Training & Travel	\$29,443.66
Operational Expenses	\$526,359.99
Equipment	\$9,110.66
Supplies & Materials	\$1,137.18
GRAND TOTAL	\$963,502.48

SAMPLE