

**Skamania County  
Opioid Abatement Council  
FUNDING APPLICATION FORM**

**Agency/Organization Information**

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Agency/Organization

Federal Tax ID Number

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Contact Name

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Mailing Address

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Phone

Email

Amount requested \$ \_\_\_\_\_

Amount needed to fully fund activity/event/program \$ \_\_\_\_\_

Would you accept a reduced amount, if full funding isn't an option? \_\_\_\_\_

**Questions**

You may type your answers below or attach a separate sheet. If you attach a separate sheet, please answer all of the below questions and number your answers to correspond to the below question numbers.

1. Activity/event/program name \_\_\_\_\_

2. Describe your activity/event/program you are requesting funding for:

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3. Describe your plans for advertising and promoting your proposed activity/event/program:

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4. Identify your top 5 sources of Revenue:

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

5. Provide a detailed budget for your proposed activity/event/program:

6. Explain in detail which of the Opioid Approved Uses apply to your activity/event/program:

7. Sign and date your application

Signature

Printed Name

Date

*You may attach additional information to help the Opioid Abatement Council evaluate your proposal.*

*If multiple activities/events/programs are planned, please submit a separate application for each activity.*

The application was received on \_\_\_\_\_

The application was recommended in full by the OAC, on \_\_\_\_\_ in the amount of \_\_\_\_\_

The application was partially recommend by the OAC, on \_\_\_\_\_ in the amount of \_\_\_\_\_, with the following comments

Signature of OAC Chair/Vice Chair \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Attest:

Board of Commissioners  
Skamania County, Washington

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Commissioner

Approved as to form only:

\_\_\_\_\_  
Skamania County Prosecuting Attorney