



Naloxone Kit Distribution Application

Organization/Agency Contact Information			
Organization/Agency Name:			
Mailing Street Address:			
City:			
Zip Code:			
Primary Contact Name:			
Title:			
Work Phone Number:			
Cell Phone Number:			
Email Address:			
Application Overview			
Organization/Agency Executive Summary and History			
Organization/Agency Mission Statement			
Purpose and Anticipated Results of Request			
Number of Naloxone Units Requested			
Have representatives from your organization/agency participated in the Law Enforcement Innovation Center training within the last 12 months? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what date? _____	If training is scheduled, what date? _____
*Please note: the training is required before kits will be approved or distributed.			

Target Region and Population Overview

Please identify the high risk areas to be served, as well as any relevant supplemental information about the target region and/or population.

How many overdose death have been reported annually over the last five years in the target region?

Total over past five years: _____ Average annual number: _____

How many law enforcement agencies and/or first responders serve the community in the target region? Please share details of how these groups work together.

Are there any active Naloxone programs in the target area? If so, please identify community organization/agency and contact information (if available).

Timeline

Please provide detailed information on the expected timetable for the project. Break the project into phases and provide a schedule for each phase below:

	Description of Work	Start and End Dates
Phase One:		
Phase Two:		
Phase Three:		
Phase Four:		

Please provide any additional details or descriptions regarding the timeline for implementation:

Budget

Please provide detailed information about the estimated costs and distribution plan:

	Targeted Counties or Regions to be Served	Number of Agencies Participating	Number of Kits Requested to be Distributed (by county)	Cost per Kit	Estimated Total Costs
Phase One:					
Phase Two:					
Phase Three:					
Phase Four:					
				Estimated Total Project Cost:	

Please share the sustainability plan for resupply of Naloxone outside of this grant request.

Please explain how this implementation will be managed:

Please explain how progress will be evaluated and reported throughout and at the end of the project.

Please provide names and contact information for community organizations and/or individuals who support this project.

Please provide any additional information pertinent to this grant request:

Thank you for your request.

A representative of the BlueCross BlueShield of Tennessee Health Foundation will be in touch soon!