



CAROLINECOUNTY  
*you belong here*  
CAROLINE COUNTY COMMISSIONERS OFFICE

JAMES TRAVIS BREEDING, PRESIDENT  
LARRY C. PORTER, VICE PRESIDENT  
NORMAN FRANKLIN BARTZ, III., COMMISSIONER  
109 Market Street, Room 123  
Denton, Maryland 21629

December 29, 2025

Greetings,

The Commissioners of Caroline County are now accepting applications for the Opioid Abatement Grants. Any non-profit organization or county agencies and departments may apply for a grant if it operates or services the citizens of Caroline County and meets all the grant application requirements.

The FY 27 Opioid Abatement Grant applications are on the county's website at [www.carolinemd.org](http://www.carolinemd.org) and included in this packet. Applications must be for a minimum of \$5,000 with a maximum of \$75,000. Grant funds will be dispersed on a quarterly reimbursement basis for the FY27 fiscal year. Applicants should follow all instructions, provide attachments as instructed and make use of the check list. Please limit your responses to the space provided on the application form.

Applications that detail the organization's efforts to mitigate and prevent Opioid addictions in Caroline County will be given priority. We will also consider applications in the context of other funds granted to an agency as we strive to meet as many requests as possible within budget constraints.

The signed applications must be received by Friday February 6<sup>th</sup>, 2026, by 4:30pm. Late or incomplete applications will not be considered.

If you have any questions, please contact Stacy Seward at 410-479-4073 or [sseward@carolinemd.org](mailto:sseward@carolinemd.org)  
Thank you for all you do to make Caroline County a vibrant and healthy county.

Sincerely,

Commissioners of Caroline County



# OPIOID ABATEMENT GRANT

## COMMISSIONERS of CAROLINE COUNTY

**Funding Period: July 1, 2026 - June 30, 2027**

**DEADLINE: FEB. 6, 2026, AT 4:30 P.M.**

*(Late applications will not be considered.)*

### **- - - INSTRUCTIONS - - -**

**PRINTED OR ELECTRONIC SUBMISSIONS ARE ACCEPCTED**

#### **PRINTED SUBMISSION:**

Submit one printed copy of Application with ALL attachments.

Mail\* or hand deliver to:

Caroline County Office  
of Finance

Attn: Stacy Seward  
109 Market St.  
Denton, MD 21629

**\* If mailing, must be postmarked  
no later than Feb. 6th, 2026**

#### **ELECTRONIC SUBMISSION:**

Email Application and ALL Attachments to: [sseward@carolinemd.org](mailto:sseward@carolinemd.org)

It may be necessary to send multiple emails. Please include your organization's name on all digital file names.

**NOTIFICATION:** We will make every effort to notify applicants upon receipt of an application, but ultimately it is the applicant's responsibility to confirm receipt before the deadline.

#### **CHECKLIST:**

- Completed Application
- Attachment 1: Profit and Loss Statement as of 12/31/2025
- Attachment 2: Operating Budget for current year and Programmatic Budget File
- Attachment 3: Current List of Board Members including terms and number of years served.
- Attachment 4: List of Key Staff working on program or project.
- Attachment 5: 501(c)(3) Certificate (if applicable)
- Attachment 6: Most recent independent audit

If organization has not conducted such an audit, submit a letter explaining why.

**If you are internal county department you do not need to provide a profit and loss statement, operating budget, or audit.**



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## PART I: AGENCY INFORMATION

Agency Name:

Executive Director:

Mailing Address:

Physical Address:

Phone:  E-Mail:

Alternate phone number (not the office number):

Person completing application:  Email:

EIN (Federal Tax ID) Number:

Amount of funds requested:

Staff contact name, email and phone (if not Director):

Year Organization Founded:

Year 501c3 status granted (must be a minimum of two years ago):

**PART II. ORGANIZATION INFORMATION**

**A. Mission Statement**

**B. Provide the following information about your clients based on your most recent data.**

**Information current as of (date):**

<b>RESIDENCE OF CLIENTS SERVED</b>	<b>NUMBER</b>
Caroline County	<input type="text"/>
Adjoining counties	<input type="text"/>
TOTAL	<input type="text"/>

**If your organization gathers information by zip code instead, please enter it here.**

**C. How do you promote or market your organization and services to the citizens of Caroline County?**



**PART III. PROGRAM INFORMATION**

**A. Provide your Opioid Fund Project/Program Name and a summary of the project/program. (150 words or less that describe the project/program for potential funders)**

**B. Is this a new or existing program?** \_\_\_\_\_

**C. Please list the Opioid Restitution Fund (ORF) strategy which most accurately represents the primary focus of the project/program you are requesting funds for and how the project/program will meet this strategy. List of strategies are listed on [Exhibit E](#). Strategy must be from Exhibit E.**

**D. What performance measures will you use to measure the effectiveness and achievement of the project/program funded with the ORF funds? *Make sure your performance measure addresses how much did you do, how well did you do it, and is anyone or anything better off.***

**PART IV: FINANCIAL INFORMATION**

**E. How will the project/program be supported after the ORF funds expire?**

**A. Funding**

**1. What is the total amount of grant funds you are requesting for the project/program: \_\_\_\_\_**

**2. Provide a breakdown of the total grant funds and if they are being used for programmatic purposes or administrative costs**

**3. List all grants received in the last three years.**

**4. List other opioid settlement funds your organization has applied for or received. Please include who they are from, amount, programmatic activity and duration.**

**B. List of your agency’s principal sources of funding including corresponding percentages of Budget:**

<input type="checkbox"/> Caroline County	\$		Amount			% of Annual Budget
<input type="checkbox"/> State	\$		Amount			% of Annual Budget
<input type="checkbox"/> Federal	\$		Amount			% of Annual Budget
<input type="checkbox"/> Grants	\$		Amount			% of Annual Budget
<input type="checkbox"/> Donations	\$		Amount			% of Annual Budget
<input type="checkbox"/> Fundraisers	\$		Amount			% of Annual Budget
<input type="checkbox"/> Other	\$		Amount			% of Annual Budget

**C. Provide the following budget expense information for the current year:**

PERSONNEL (SALARIES/BENEFITS)			% of Annual Budget
OPERATIONS (RENT, UTILITIES, SUPPLIES, MAINT.)			% of Annual Budget
PROGRAMS			% of Annual Budget
OTHER			% of Annual Budget

**PART IV. CERTIFICATION**

As the chief executive officer of this agency, I certify that the above information is true and complete to the best of my knowledge and belief. I further certify that, if this agency is a religious organization, this agency shall not use grant funds to engage in any of the following activities: (1) perform inherently religious activities such as worship, religious instruction, or proselytization; (2) acquire, construct, or rehabilitate structures or properties that shall be used for inherently religious activities, including sanctuaries and chapels; and (3) discriminate against any beneficiary or prospective beneficiary of the grant on the basis of religion or belief.

I further agree that any funds received in response to this grant application will be used for the purposes for which they were requested and that the organization will comply with the procedures and requirements set forth in this application. Any donated funds not used for their specified purpose must be returned to the Commissioners of Caroline County.

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Signature of Executive

Date

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Signature of Board President or Chair

Date

**INNER OFFICE USE ONLY**

Date Received by Finance:

Date Submitted to Commissioners for Review:

Date Approved by Commissioner:

Funds Awarded: TAG or Local

Amount Awarded:

Inner Office Note: