



Public Health
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Waseca County

Application Due Date	Application Submission
December 15 th , 2025; March 15 th , 2026; June 15 th , 2026; September 15 th , 2026	Email all application materials to andrea.kronbach@wasecacounty.gov

Only applications turned in by the submission deadline will be reviewed. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever.

***However, the Waseca County Board of Commissioners can bring special projects to the review committee at their discretion.*

Application Instructions

You must submit all parts of the following form for the application to be considered complete:

1. Name of Organization Completing this application: _____
2. Name of Contact person: _____
3. Address: _____
4. Phone Number: _____
5. Email: _____
6. Project Title: _____
7. Amount of funds requested: _____

8. The area within the Memorandum of Agreement that applies to your project (Check One)

- Prevention
- Harm Reduction
- Recovery
- Treatment



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Organization Overview (9 Points):

9. Briefly describe the history of the organization. Describe the organization's major areas of current work, as well as the mission, vision, and/or values. Include details regarding the organization's experience with opioid/substance use prevention, treatment, recovery, and harm reduction.



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10. Describe the community the organization serves, including demographic aspects (e.g race, ethnicity, gender, socioeconomic status, culture, religion, and sexual orientation). Describe how the community is represented in decision-making for the organization.

Project Narrative (9 Points):

[Minnesota Opioid State-Subdivision Memorandum of Agreement](#)

11. Which subcategory will your project address?

- Treat opioid use disorder
- Support people in treatment & recovery
- Connections to care
- Address the needs of criminal justice-involved persons
- Address the needs of the perinatal populations, caregivers, and families, including babies with neonatal opioid withdrawal syndrome
- Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- Prevent misuse of opioids
- Harm Reduction: prevent overdose deaths and other harms
- First Responders
- Leadership, planning & coordination
- Training
- Research



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12. Describe how you plan to address the abatement strategy(ies). Share the project, including a timeline, a high-level overview of implementation and evaluation steps, and intended outcomes. Describe how the project addresses opioid use disorder.

13. Describe the population the project is proposing to engage (both demographically and geographically). How are communities that are most at risk, or impacted by opioids, considered in this project? How does your project address potential barriers to accessing your programming?



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14. Describe how the proposed project will meet community needs. How were those needs identified? How does your project support those most disproportionately impacted by the opioid epidemic? How will you ensure this program is culturally, linguistically and developmentally appropriate for the proposed community(ies)?

15. What is the level of staffing for the project? Ensure accountability to carry out the work plan activities and maintain overall support and coordination of the work. If you plan to use subcontractors, please describe their responsibilities in carrying out grant activities.



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Evaluation Plan (3 Points):

16. How will you measure success? Describe the data you will collect and how it will be used to evaluate outcomes.

Sustainability Plan (3 Points):

17. If funded, how do you plan to sustain the project beyond the grant period?



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Budget Narrative & Breakdown (6 Points):

18. Provide a detailed budget narrative for the project, including categories such as staff expenses, travel, supplies, equipment, and other costs.

Salaries and Benefits:

Contractual Services:

Travel:

Operating Supplies:

Other:



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Waseca County Opioid Settlement Budget Template

Waseca County, Minnesota

Opioid Settlement Grant Budget

Date	
Organization Name	
Phone Number	
Email	
Total Amount Requested	

Budget Category

Salaries and Benefits	
Contractual Services	
Travel	
Operating Supplies	
Other	
TOTAL	

19. A copy of your organization's W-9 is also required.

Please submit the budget narrative with the completed application via email to Andrea Kronbach at andrea.kronbach@wasecacounty.gov