

Opportunity Details

Opportunity Information

Title

Opioid Settlement Funds (OSF) – FY27 Community Grant RFP

Awarding Agency Name

Johnson County Board of Supervisors Office

Agency Contact Phone

319-356-6000

Agency Contact Email

grants@johnsoncountyiowa.gov

Opportunity Posted Date

4/10/2026

Public Link

<https://www.gotomygrants.com/Public/Opportunities/Details/8971f04d-5a19-416b-ab1c-1c0793b52dc2>

Award Information

Award Period

07/01/2026 - 06/30/2027

Award Type

Competitive

Capital Grant

No

Expected Number of Awards

5.00

Indirect Costs Allowed

No

Matching Requirement

No

Technical Assistance Session

Technical Assistance Session

Yes

Session Date and Time

04/21/2026 7:00 PM

Conference Info / Registration Link

TBD

Eligibility Information

Eligibility Type

Public

Additional Eligibility Information

OSF Community Grants provide project and program support for nonprofit organizations, schools, municipalities, and universities primarily serving Johnson County residents.

Proposals must align with Schedule A Core Strategies as indicated in Exhibit 1 of the Memorandum of Understanding with the State of Iowa's Attorney General.

Grantees must comply with County insurance requirements.

Projects must serve Johnson County residents and align with Schedule A Core Strategies of the Iowa Opioid Settlement MOU. Biannual program reporting will be required.

Additional Information

Additional Information URL

<http://www.johnsoncountyiowa.gov/grants>

Project Information

Application Information

Application Name

Award Requested

Total Award Budget

Primary Contact Information

Name

Email Address

Address

Phone Number

Project Description

Narrative Questions

1. Project Summary & Schedule A Alignment (25 points)

Select primary Schedule A Core Strategy (hold CTRL to select more than one)

Provide a clear explanation of how the proposed project fits within the category selected.

Briefly describe:

- **Target population**
- **Primary activities**
- **Expected impact**

Core Strategy Explanation (3-4 paragraphs):

2. Statement of Need & Avoidance of Duplication (15 points)

Describe:

- **The specific opioid-related need in Johnson County this project addresses**
- **The population impacted**
- **How this project complements — and does not duplicate — existing services**

Applicants should reference local data or community-informed evidence where possible.

Statement of Need Description (2-3 paragraphs):

3. Project Design & Work Plan (20 points)

Provide:

- **Clear goal(s)**
- **Key activities**
- **Timeline (major milestones)**
- **Who is responsible for implementation**

Project Design and Work Plan Response (3-4 paragraphs):

4. Measurable Outcomes & Performance Metrics (20 points)

Describe:

- **Specific, measurable outcomes**
- **How success will be tracked**
- **Data collection methods**
- **Estimated number of individuals served (if applicable)**

Applicants must include at least one numeric outcome measure.

Measurable Outcomes and Performance Metrics Response (3-4 paragraphs):

5. Organizational Capacity & Expertise (10 points)

Describe:

- Organizational experience related to opioid use disorder or the target population
- Key staff qualifications
- Whether the program is new or an expansion of an existing effort

Resumes not required — summary only.

Organizational Capacity and Expertise Response (1-2 paragraphs):

6. Budget Explanation & Cost Effectiveness (10 points)

Note: Your budget and budget narrative, including short narratives on each line item, will be created on the next page. For this question, please respond only to the prompts listed below.

Explain Below:

- How requested funds directly support proposed activities
- Why costs are reasonable
- How this funding will make a measurable impact

Budget Explanation and Cost Effectiveness Response (1-2 paragraphs)::

Attachments

IRS determination letter (nonprofits only)

Most recent financial statement (nonprofits only)

Proof of Iowa registration

Board list (nonprofits only)

Letter of Support 1

Letter of Support 2

Budget

Proposed Budget Summary

Expense Budget

	Grant Funded	Total Budgeted
1. Personnel		
Subtotal	\$0.00	\$0.00
2. Fringe		
Subtotal	\$0.00	\$0.00
3. Supplies		
Subtotal	\$0.00	\$0.00
4. Other		
Subtotal	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00

Revenue Budget

	Grant Funded	Total Budgeted
Grant Funding		
Award Requested	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00
Total Proposed Revenue	\$0.00	\$0.00

Proposed Budget Detail

Proposed Budget Narrative

1. Personnel

2. Fringe

3. Supplies

4. Other

Performance Plan

Proposed Performance Plan

Measurable Outcomes & Performance Metrics (select and describe at least 1 goal type)

Goal Name	Goal Type	Goal Details
	Milestone	Due Date
	Narrative	Narrative
	Numeric	Number to be Achieved
	Percentage Achieved	Desired Percentage
	Percentage Change	Desired Percentage Current Percentage
	Reimbursement	Number to be Achieved Rate Per Achievement Budgeted Amount

Proposed Performance Narrative

Measurable Outcomes & Performance Metrics (select and describe at least 1 goal type)

Describe:

- Specific, measurable outcomes
- How success will be tracked
- Data collection methods
- Estimated number of individuals served (if applicable)

Applicants must include at least one numeric outcome measure.