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## HEALTH AND HUMAN SERVICES DIVISION

**EFFECTIVE DATE:** September 1, 2024

**SECTION:** Community Health Care Administration (CHC)

**SUBJECT:** Letter of Inquiry Requirements – Opioid Abatement Funding

Prior to submitting a letter of inquiry see the Florida Opioid Allocation and Statewide Response Agreement. Any organization who submits a letter of inquiry and/or ultimately is asked to submit a proposal must be able to provide proof of meeting the state requirements, as well as, adhering to the contract guidelines of appropriate expenditure of funds list in the aforementioned agreement.

The letter should be on the letterhead of the organization submitting the inquiry, have the date of letter submission, address for mailed correspondence, salutation, body, and closure contained within a maximum of 2-3 pages, with one-inch margins and in 12-point font.

### **BODY**

**Paragraph 1:** Introduce the need and impact of the problem to be addressed. Provide brief statistical or supportive data specific to the local need.

**Paragraph 2:** Briefly introduce the solution to the problem, the goal of the project, anticipated outcomes that apply to the local need above including target audience, and the specific amount of funds being requested from CHC. Reference aforementioned State Agreement guideline(s) that is aligned with the project or indicate the projects alignment with substance abuse education, treatment, prevention or other related program or service. Indicate whether you will be soliciting funding from more than one organization or if CHC is the sole source of funding, and if so why. Indicate whether this is a one-time request or will be an on-going funding request.

**Paragraph 3:** Describe the project objectives and related activities needed to implement the objective(s). Identify the planned outputs and the anticipated outcomes in measurable terms. Provide timelines for accomplishing activities and/or benchmarks for achieving outcomes.

**Paragraph 4:** Describe the organization requesting funding and include qualifications, knowledge, or experience relative to the proposed project.

**Paragraph 5:** Briefly describe what types of costs would be supported by the requested funds (capital, personnel, equipment, supplies, services etc.)

**The letter should be signed by an appropriate executive within the organization.**

Email completed letters of inquiry to [opioidabatementfunding@polk-county.net](mailto:opioidabatementfunding@polk-county.net) during the months of September and October of each fiscal year. Please add "Opioid Abatement Funding Request" in the subject line.