



Eric Holcomb, Governor  
State of Indiana

**Division of Mental Health and Addiction**  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739

**RFF-2023-007 – Authorization to Dispense of Local Funds  
FOR  
State of Indiana Opioid Settlement Match Grant**

**Name of Applicant Organization:** \_\_\_\_\_

**Applying Municipality or County:** \_\_\_\_\_

**Authority to Dispense of Fund:** \_\_\_\_\_  
(i.e., mayor, county commissioner, etc.)

**Local Contribution Amount:** \$ \_\_\_\_\_

**Source of Match Funds (check all that apply):**

- National Opioid Settlement
- American Rescue Plan (ARP)
- Local general funds
- Private contributions
- Philanthropy
- Other: \_\_\_\_\_

By signing below, I acknowledge the applicant has the support of the local unit of government to use the appropriated funds above to execute their proposed project.

**Signature of Authority:** \_\_\_\_\_

