



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: Boone County

Applying Municipality or County: Town of Whitestown

Authority to Dispense of Fund: Town Council
(i.e., mayor, county commissioner, etc.)

Local Contribution Amount: \$ 13,442.71, subject to appropriation

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: _____

