



2026 Request for Applications (RFAs)

LSF Health System Florida Statewide Response for Opioid Abatement Funds – Hernando County Submission Forms

Submission Rules

Applications must be submitted by email to

HousingandSupportiveServices@hernandocounty.us

It is the responsibility of the applicant to ensure application(s) arrives prior to the due date and time. Applications received after deadline will not be considered.

This document is available in alternative accessible formats upon request.

Background

As a non-qualified county per Florida Opioid Allocation and Statement Response Agreement Between the State of Florida Department of Legal Affairs, Office of the Attorney General, and Certain Local governments in the State of Florida, Regional Opioid Settlement Funds have been allocated through the Managing entity, LSF Health Systems to utilize funding funds on Approved Purposes and Core Strategies to address the opioid crisis.

The grant amount may be divided among multiple selected applicants or granted to only one applicant. The county and LSF reserves the right to set each award amount based on the project, funding, and cost feasibility. Partial awards may be offered depending on funding availability.

All Sections must be complete for your application to be considered for conditional award. This includes information listed under Applicant Information, certification, Submission Questionnaire, Exhibit G -Submission of Information and Exhibit C and D- Project Operating and Capital Budget.



Applicant Information

Organization Name:

Authorized Representative (Name & Title):

Organization Website:

Contact Person for the Project (Name, Title & Email):

Federal ID Number/DUNS Number:

Certification: To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative: _____

Signature: _____

Title: _____ Date: _____



Submission Questionnaire

Project Title:

1. If you receive funding for the project you are submitting in prior years or presently from Hernando County, LSF Health Systems, or other agencies, please provide details: year, budget, source of funding, purpose, etc.

2. If funding is needed for more than one year, please describe in detail your plans for sustainability once abatement funds are not available. Please provide timeline



3. Please detail your efforts for collaboration for the project you are submitting with other agencies.

4. Please give detail reasons why your agency cannot collaborate with others to implement and facilitate the project.

5. Additional Comments: (Optional)

Certification: To the best of my knowledge, I certify that the information in this questionnaire is true and correct and that the document has been duly authorized by the governing body of the applicant. I also certify that I am aware that providing false information on the questionnaire can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this Questionnaire and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative: _____

Signature: _____

Title: _____ Date: _____