## Appendix F: Other Substance Use Disorder Funding Sources

**Expansion and Enhancement of**

**Medication-Assisted Treatment for Opioid Use Disorder in Chicago**

**OTHER FUNDING SOURCES INFORMATION**

Will your organization receive any other substance use disorder funding during the period contract period (7/1/17 – 12/31/17) addressed in the application?

Yes

No

If yes, please fill out the table below with information about the substance use disorder funding you will have for the contract period addressed in the application? Add more rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Funding Source** | **Type of Funding (i.e., Federal, State, City, or other)** | **Funding Term**  **(dates)** | **Purpose of Funding** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |