## 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |