

# Rural Opioid Overdose Response

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*2025 Montana Opioid Abatement Trust  
Grants-second half of 2025*

## ***Big Sandy Volunteer Fire Department***

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## ***Pete Jerrel***

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# Application Form

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## *Region Selection*

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To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

### **Project Name\***

Rural Opioid Overdose Response

**You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.**

### **Select Multi County Abatement Region OR Metro Region\***

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Abatement Region 2

### **Regional Funding Request\***

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

Abatement Region 2

## *Application Overview*

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### **About the Organization/Program\***

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

Big Sandy Volunteer Fire and Ambulance is a rural emergency response organization dedicated to protecting the health and safety of residents across Chouteau County. Our mission is to provide timely, professional, and lifesaving emergency medical and fire response services to all individuals in our service area, regardless of location, means, or circumstance. As a volunteer agency serving a vast frontier region, we often serve as the first—and sometimes the only—medical providers available during an opioid overdose.

The Rural Opioid Overdose Response Program will expand life-saving capacity by improving communications among first responders, increasing access to naloxone, equipping volunteers with dedicated jump bags, and strengthening on-scene response readiness. This program directly supports overdose prevention, rapid medical intervention, and improved coordination during opioid-related emergencies.

### What category does the program fit into\*

Check the category/categories the program fits into. You may select more than one option.

Click [HERE](#) for a list of approved opioid remediation uses

Treatment

### Exhibit E List of Opioid Remediation Uses

#### *Schedule A - select all that apply*

A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

### Exhibit E List of Opioid Remediation Uses

#### *Schedule B - select all that apply*

H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)

I. FIRST RESPONDERS

K. TRAINING

### How does the program meet the Opioid Remediation Guidelines\*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

*Please be specific*

The Rural Opioid Overdose Response Program directly addresses several Opioid Remediation categories by enhancing the ability of first responders to prevent overdose deaths in a remote rural region. This program increases the availability of naloxone on emergency vehicles and ensures responders have the training and equipment necessary to reverse opioid overdoses quickly and effectively. The purchase of naloxone (Schedule A: A) directly aligns with approved opioid remediation strategies to reduce overdose fatalities.

The program also strengthens communication among responders by providing new pagers and communication tools, allowing faster dispatch, better coordination, and improved response times during opioid-related emergencies. Enhanced communication directly supports Schedule B: I (First Responders) and H (Prevent Overdose Deaths & Other Harms).

Additionally, the training kits used to educate volunteers on overdose recognition, naloxone use, and post-overdose care align with Schedule B: K (Training). These measures collectively increase the readiness and effectiveness of our department during opioid calls, reduce time-to-intervention, and expand access to lifesaving treatment in a frontier area where EMS resources are limited and distances are large.

### New Program or Existing\*

Is the funding intended for a new program or to expand an existing program?

A new program for your region.

## *Fiscal Information*

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### **Requested Amount\***

\$15,000.00

### **Program Budget\***

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

budget.docx

### **Source of Funding\***

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

This program does not receive any other funding. The requested grant funds will not replace or supplant existing resources; they will establish a new program specifically designed to enhance opioid overdose response capabilities in our rural region.

### **Do you have a Fiscal Agent\***

No

## *Program Abstract*

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### **Program Description\***

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

The Rural Opioid Overdose Response Program strengthens emergency response capabilities in Big Sandy and surrounding rural communities by improving communication among first responders, increasing naloxone availability, expanding responder training, and equipping volunteers with dedicated jump bags for rapid opioid overdose intervention.

This project addresses the unique challenges faced by rural EMS systems, including long travel distances, limited personnel, and communication delays. The funding will support the purchase of new pagers for volunteer responders, ensuring rapid and reliable notification during overdose emergencies. Additional naloxone kits will be supplied to ambulances and responders, ensuring immediate access throughout the service area.

Jump bags will be issued to first responders to provide essential supplies—including naloxone, PPE, and airway tools—allowing responders to begin lifesaving measures immediately, even when arriving in personal vehicles or remote locations. Training kits will be used to enhance ongoing education on overdose identification, naloxone administration, airway management, and post-overdose care. The program’s priorities include reducing opioid overdose deaths, improving response speed and coordination, ensuring naloxone availability, strengthening responder training, and improving data collection related to overdose events.

## Specific Goals\*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

1. Increase naloxone availability.  
Ensure all ambulances and responders are equipped with adequate naloxone supplies for rapid intervention.
2. Improve emergency communications.  
Purchase new pagers to strengthen notification speed and responder coordination during opioid-related calls.
3. Improve responder training and readiness.  
Utilize training kits to deliver ongoing, hands-on education in overdose response and airway management.
4. Equip responders with opioid-specific jump bags.  
Jump bags will allow responders to begin lifesaving treatment immediately, even when traveling in personal vehicles or responding to remote scenes.
5. Reduce opioid-related mortality.  
Reduce time to intervention, increase overdose reversals, and improve patient outcomes.

## Evaluation Method\*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

1. Tracking response times before and after new pagers are deployed
2. Monitoring naloxone usage, dosage, and patient outcomes
3. Recording training participation and competency evaluations
4. Documenting jump bag utilization during overdose calls
5. Collecting responder feedback on communication, equipment, and readiness
6. Tracking changes in overdose survival rates in the service area

These metrics will allow us to evaluate improvements in readiness, speed, and patient outcomes.

## Data Source\*

What data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

Data will be collected from EMS run reports, dispatch logs, training records, and jump bag usage documentation. Specific metrics include:

1. Number of opioid-related calls
2. Response times from dispatch to arrival
3. Number of naloxone doses administered
4. Patient outcomes after naloxone delivery
5. Training attendance
6. Jump bag usage logs and equipment replacement needs

### Awareness\*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

Awareness will be created through community outreach and coordination with the local health department and County DES. The program will share information through local meetings and direct community engagement. These efforts will increase awareness of overdose risks, naloxone availability, and local EMS readiness.

## *Additional Documents*

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### Tax Exempt Organization\*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

### Tax Exempt Determination Letter\*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

IRS 501C3.jpg

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

**Upload #1**

**Upload #2**

**Upload #3**

### Additional Information

*[Unanswered]*



## File Attachment Summary

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### *Applicant File Uploads*

- budget.docx
- IRS 501C3.jpg

# LINE-ITEM BUDGET — \$15,000 Total

<b>Budget Item</b>	<b>Description</b>	<b>Cost</b>
<b>Responder Pagers (x12)</b>	Replacement pagers for volunteers to improve emergency communication and reduce response time. <b>(Includes additional \$1,000 added to this line.)</b>	<b>\$6,000</b>
<b>Naloxone Supply (Department &amp; Responders)</b>	Bulk naloxone for ambulances, jump bags, and responder kits (60 kits).	<b>\$3,000</b>
<b>Jump Bags for First Responders (x10)</b>	Fully stocked jump bags containing PPE, masks, gloves, BVMs, airway tools, and trauma supplies.	<b>\$4,000</b>
<b>Training Kits &amp; Supplies</b>	Overdose response training equipment (airway mannequins, CPR masks, trainer naloxone, practice devices).	<b>\$2,000</b>

**TOTAL REQUEST: \$15,000**



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

BIG SANDY VOLUNTEER FIRE DEPARTMENT  
PO BOX 157  
BIG SANDY, MT 59520-0157

Date:  
07/15/2022  
Employer ID number:  
81-0502018  
Person to contact:  
Name: Senayon Avungbeto  
ID number: 17241  
Telephone: 877-829-5500  
Accounting period ending:  
December 31  
Public charity status:  
170(b)(1)(A)(vi)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
November 11, 2021  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053751004441

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

Letter 947 (Rev. 2-2020)  
Catalog Number 35152P