**[County Name] County Opioid Board**

**Opioid Settlement Funding**

**Overview**

Due to the extensive damage and loss of life caused by the opioid crisis that was brought on by the unethical and over-prescribing of opioid medications, the state of Tennessee will be receiving over $1 billion over the next 18 years in settlement funds from several large corporations. [County Name] County has been allocated a portion of these funds, which will be received in annual payments. The County has established the [County Name] County Opioid Board to oversee the spending of these funds to ensure they are used to remediate the opioid crisis and save lives. The Board will invite community organizations to apply for these funds annually with the main objective of saving lives.

**Availability of Funds**

The selection process for funding will utilize a competitive process, and the number of awards will be dependent on the amount of funds available for annual allocation. The amount of funds available and dates of application submissions and awards will differ annually. The amount of funds available for the *2024 funding cycle* will be **[funding amount],** and proposals will be accepted between **[date range].**

Up to 20% of the available funds can be held back at the discretion of the [County Name] County Opioid Board each funding cycle for urgent needs that may arise between annual funding periods. If the holdback funds are not allocated prior to the next funding cycle, they will be included in the total amount available for distribution. [this section is optional]

**Eligibility**

Applications will be accepted from any organization that serves residents of [County Name] County but will only be distributed to those that provide services that fall within the approved remediation uses set forth by the TN Opioid Abatement Council, listed below in Allowable Uses of Funds and outlined in [Exhibit E](https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf). If an applying organization is located outside of [County Name] County, funds will only be awarded to that organization if they are used to serve [County Name] County residents. The [County Name] County Opioid Board will dispense funds in accordance with all applicable rules and regulations that counties must adhere to when allocating funds to community organizations.

**Required Documents for Application Submission**

Proposals are due by **[due date]**, and must be submitted to the [County Name] County Mayor’s Office by emailing [[board](mailto:opioid@jeffersoncountytn.gov) email address] with the following required documents:

* Application for funding
* Completed budget template
* Current annual operating budget
* State certification, licensure, or accreditation if applicable
* Letters of support from any project partners or collaborators if applicable

**Selection and Award Process**

The [County Name] County Opioid Board will review and score all applications received. Notice of award is expected to occur by **[notice of award date]**. Following the notice of award, the organizations will be contacted to discuss the contract process and specific metrics that must be reported back to the county.

If the total amount requested is higher than the total amount available for distribution, the applicant will be contacted to discuss possible project and/or budget revisions.

The funding period will be *12 months in duration* beginning [project start date] unless an alternative project start date is agreed upon by the awardee and [County Name] County finance director.

**Allowable Uses of Funds & Funding Restrictions**Awarded funds cannot be used for administrative or indirect costs. Activities must meet the definition of opioid remediation, be evidence-based strategies or promising practices, and align with the core strategies and allowable uses outlined by [Exhibit E](https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf). Core strategies include:

* Naloxone or other FDA-approved drugs to reverse opioid overdoses
* Medication-assisted Treatment (MAT) distribution and other opioid-related treatment
* Address the needs of pregnant and postpartum women
* Expanding treatment for Neonatal Abstinence Syndrome (NAS)
* Expansion of warm hand-off programs and recovery services
* Treatment for incarcerated population
* Prevention programs
* Expanding syringe service programs
* Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

**Requirements if Awarded Funding**

Organizations awarded funding are required to:

* Utilize funds within the defined funding period as agreed upon in the contract. If those funds are not used as agreed in the contract the applicant may:
  + Return any remaining funds to the [County Name] County Opioid Board at the end of the funding period, OR
  + Request an extension to use the funds past the funding period, OR
  + Request an amendment to their current contract to use the remaining funds for additional strategies
* Ensure utilization of funds supplements, rather than supplants, existing funding
* Ensure all funds are used in alignment with remediation uses approved by the TN Opioid Abatement Council as described above
* Ensure funds are not used for administrative or indirect costs
* Provide data on program outputs, outcomes, impact, and effectiveness as determined by the [County Name] County Opioid Board
* Complete and submit required quarterly and annual reports to the county

**Reporting Requirements**  
Organizations should provide **quarterly progress reports** to [[board](mailto:opioid@jeffersoncountytn.gov) email address] starting [reporting start date], or *14 days after the first project quarter* if an alternative start date is agreed upon. The reports must outline the following:

* Staff working on the project
* Community partners involved with the project
* Challenges and barriers experienced within the associated timeframe
* Successes experienced within the associated timeframe
* Anticipated next steps
* Strategies addressed
* Number of [County Name] County residents served with settlement funding
* All project-specific metrics determined by the [County Name] County Opioid Board

An **annual report** is to be provided following project close by [annual report due date] or *30 days after project close* if an alternative start date is agreed upon. The annual report must include all the above data and be submitted to [[board](mailto:opioid@jeffersoncountytn.gov) email address].

**Checklist of Required Documents:**

\_\_\_\_\_ Application for funding

\_\_\_\_\_ Completed budget and budget narrative (template provided)

\_\_\_\_\_ Current annual operating budget

\_\_\_\_\_ State certification, licensure, or accreditation if applicable

\_\_\_\_\_ Letters of support from any project partners or collaborators