

# 2024 Opioid Settlement Application

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*Health Foundation, Inc.*

## Question Group

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### Organization Name\*

*Character Limit: 30*

### Project Name\*

Name of Project.

*Character Limit: 100*

### Does your program serve residents of Wilkes County, North Carolina?\*

#### Choices

Yes

No

### Amount Requested\*

*Character Limit: 20*

### Does this request for funding address Opioid Use Disorder or a co-occurring condition?\*

#### Choices

Yes

No

### Please choose from the following options:\*

Opioid Settlement funds may be used to create, expand, or sustain existing programs, services, or activities that serve persons with Opioid Use Disorder, co-occurring Substance Use Disorder, or mental health condition.

#### Choices

Funding to create a new program

Funding to expand an existing program

Funding to sustain an existing program, service, or activity

### Strategy\*

Please list the strategy or strategies your agency with focus on, in accordance with Exhibit A and Exhibit B to the NC Memorandum of Agreement, which outlines appropriate use of these funds. Applicants can review the full text of the NC MOA and additional information at the NC MOA Resource Center.

Each strategy will be detailed separately including its budget within the full application.

**Please list the name of the strategy, whether it is from Exhibit A or Exhibit B, and the item letter and/or number associated with it.**

*For example: Recovery Support Services, Exhibit A, #3*

*Character Limit: 1000*

**Provide a concise description of your project (250 words or less).\***

The full application will allow you more in-depth opportunity to explain your project.

*Character Limit: 1250*

# 2024 Opioid Settlement Application

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*Health Foundation, Inc.*

## Organization Information

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### When was your organization founded?\*

*Character Limit: 10*

### Tax Exemption Status\*

#### Choices

501(c)3

Governmental Entity

Other

### If "other," please describe tax exemption status.

*Character Limit: 500*

### Is this a political organization or activity?\*

#### Choices

Yes

No

### Does your organization have a non-discrimination policy?\*

Organizations that discriminate on the basis of race, color, religion, gender, national origin, citizenship status, age, disability, sexual orientation, or veteran status may be ineligible for funding.

#### Choices

Yes

No

### What is your organization's mission?\*

*Character Limit: 500*

### Brief organizational history\*

Please provide a brief overview of your organization's history. You do not need to detail every program or service you offer.

*Character Limit: 1500*

### Recent Accomplishments\*

Please tell us about one to three of your most recent, significant accomplishments. Tell us how many people you served and what measures you utilized to determine the program's success.

*Character Limit: 1500*

### Who are your key partner agencies?\*

Please list your partners and how you work together to achieve goals.

DO NOT use acronyms.

*Character Limit: 1500*

### Fiscal Year Begin Date\*

*Character Limit: 10*

### Prior Year Actuals or most recently completed audit/financial review\*

*File Size Limit: 5 MB*

### More recent 990

*File Size Limit: 5 MB*

### Current Organizational Budget vs. Actuals\*

Please indicate the time frame.

*File Size Limit: 2 MB*

### Balance Sheet\*

Please indicate the time frame.

*File Size Limit: 2 MB*

### Current board members and their organizations or occupations.\*

You may upload a file or provide a list here.

*Character Limit: 3000 | File Size Limit: 1 MB*

## Strategy Information

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### Project Name\*

Name of Project.

*Character Limit: 100*

### Strategy\*

Please list the strategy your agency with focus on, in accordance with Exhibit A and Exhibit B to the NC Memorandum of Agreement, which outlines appropriate use of these funds. Applicants can review the full text of the NC MOA and additional information at the NC MOA Resource Center.

Each strategy must be detailed separately and have its own budget. Answer the following questions based on one strategy. You will have the option to add strategies at the end of this

application. Please list the name of the strategy whether it's from Exhibit A and Exhibit B, and the item letter and/or number associated with it.

*For example: Recovery Support Services, Exhibit A, #3*

*Character Limit: 250*

### Amount requested for this strategy\*

*Character Limit: 20*

### Is this a new or existing program/project?\*

#### Choices

Existing

New

Expansion of current project

### Does your program/project serve residents of Wilkes County, North Carolina?\*

#### Choices

Yes

No

### Please provide a description of your program/project.\*

State its primary purpose and the need you are seeking to address and the population you plan to serve and how they will benefit.

*Character Limit: 7500*

### Activities\*

Please describe the activities in which you will employ.

An activity is a way of describing how you are going to get something done. An activity tries to broadly answer the question, "How do we get there from here?".

Four types of specific activities can help guide most interventions. Examples:

- 1) Providing information and enhancing skills (e.g. Providing education to law enforcement officers when dealing with fentanyl or other drugs.)
- 2) Enhancing services and support (e.g. Expand treatment capacity and improved treatment quality)
- 3) Modify access, barriers, and opportunities (e.g. Expand access to transportation services for people who use substances.)
- 4) Modify policies (e.g. Provide trainings for employers to development workplace policies and employment assistance programs.)

*Character Limit: 7500*

## Staffing\*

Please explain the proposed staffing for the project, including years of experience and qualifications for key management and staff.

*Character Limit: 7500*

## Experience providing the proposed program/project\*

*Character Limit: 1500*

## Is there evidence that supports how your project will meet the need?\*

If this is an innovative approach to meeting a need, please describe the logic model behind the development of your program. If this program is an evidence-based intervention, please cite research or analysis that supports your work. If you plan to modify an existing or evidence-based intervention, explain why and how you are seeking to do so.

*Character Limit: 1500*

## Timeline\*

Please provide a timeline of major activities for the proposed program/project.

*Character Limit: 7500*

## Measurements and Outcomes\*

In regards to your proposed program, please plan your measurements from the categories below and indicate your expected outcome for each.

1. How much you plan to do

Example: # of persons enrolled, treated, or served; # of participants trained; units of naloxone or # of syringes distributed.

2. How well you carried out the program

Example: % of clients referred to care or engaged in care; % of staff with certification, qualification, or lived experience; level of client or participant satisfaction shown in survey data.

3. Is anyone better off?

Example: # or % of clients with stable housing or employment; self-reported measures of client recovery capital, such as overall wellbeing, healthy relationships, or ability to manage affairs; # or % of formerly incarcerated clients receiving community services or support within X days of leaving jail or prison.

*Character Limit: 5000*

## Obstacles\*

What obstacles do you foresee in achieving your goals, and how do you plan to overcome them?

*Character Limit: 1500*

**Do you wish to apply for an additional strategy?\***

**Choices**

- Yes
- No

*Additional Strategy #1*

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**Strategy\***

Please list the next strategy your agency with focus on.

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*For example: Recovery Support Services, Exhibit A, #3*

*Character Limit: 250*

**Amount requested for this strategy\***

*Character Limit: 20*

**Is this a new or existing program/project?\***

**Choices**

- Existing
- New
- Expansion of current project

**Does your program/project serve residents of Wilkes County, North Carolina?\***

**Choices**

- Yes
- No

**Please provide a description of your program/project.\***

State its primary purpose and the need you are seeking to address and the population you plan to serve and how they will benefit.

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**Activities\***

Please describe the activities in which you will employ.

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- 4) Modify policies (e.g. Provide trainings for employers to development workplace policies and employment assistance programs.)

*Character Limit: 7500*

### **Staffing\***

Please explain the proposed staffing for the project, including years of experience and qualifications for key management and staff.

*Character Limit: 7500*

### **Experience providing the proposed program/project\***

*Character Limit: 1500*

### **Is there evidence that supports how your project will meet the need?\***

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*Character Limit: 5000*

### Obstacles\*

What obstacles do you foresee in achieving your goals, and how do you plan to overcome them?

*Character Limit: 1500*

### Do you wish to apply for an additional strategy?\*

#### Choices

Yes

No

## Additional Strategy #2

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### Strategy\*

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*For example: Recovery Support Services, Exhibit A, #3*

*Character Limit: 250*

### Amount requested for this strategy\*

*Character Limit: 20*

### Is this a new or existing program/project?\*

#### Choices

Existing

New

Expansion of current project

### Does your program/project serve residents of Wilkes County, North Carolina?\*

#### Choices

Yes

No

**Please provide a description of your program/project.\***

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## Obstacles\*

What obstacles do you foresee in achieving your goals, and how do you plan to overcome them?

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## Do you wish to apply for an additional strategy?\*

### Choices

Yes

No

## *Additional Strategy #3*

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*Character Limit: 5000*

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*Character Limit: 1500*

## Project Budget

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### Please upload the project budget here.\*

Use the Opioid Settlement Budget Template to create your budget. This template allows your budget to be broken out by strategy.

*File Size Limit: 2 MB*

