

2025 Opioid Settlement Application

Health Foundation, Inc.

Question Group

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

Continuation of a program currently funded by opioid settlement funds

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

2025 Opioid Settlement Application

Health Foundation, Inc.

Organization Information

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

Organization website*

Please provide a link to your organization's website.

Character Limit: 2000

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

Fiscal Year Begin Date*

Character Limit: 10

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

File Size Limit: 3 MB

Most recent 990

File Size Limit: 3 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

Project Name*

Name of Project.

Character Limit: 100

Strategy*

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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 - funded solely by opioid settlement grant

Existing - funded by opioid settlement grant braided with other funding

Existing - funded by other sources

New

Other funding*

What other sources of funding are you receiving for this strategy? Please list the grantor, timeframe, and amount. If you are not receiving other funding for this strategy, you may write "Not Applicable."

Character Limit: 3500

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, the need you are seeking to address, the population you plan to serve and how they will benefit.

Character Limit: 7500

Continuation grants only - program outcomes

If this is a continuation of an opioid settlement grant, please share the program outcomes, success stories, and lessons learned.

Please upload your completed performance measure document from the first six months of the current grant cycle. This document is provided to you from The Health Foundation.

Character Limit: 5000 | File Size Limit: 1 MB

Activities and Timeline*

Please provide the timeline and description of the activities 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: 3700

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

Key Partners and Letters of Support*

Please list and describe the role of key partners for **this strategy** and upload their letters of support.

Character Limit: 3500 | File Size Limit: 2 MB

Measurements and Outcomes*

It is strongly encouraged to meet with The Health Foundation to co-create outcomes based on the state requirements for opioid settlement funds. The State has required measures for opioid settlement funding:

NC Opioid Settlements Measures Models

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: 3000

Do you wish to apply for an additional strategy?*

Choices

- Yes
- No

Additional Strategy #1

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 - funded solely by opioid settlement grant
- Existing - funded by opioid settlement grant braided with other funding
- Existing - funded by other sources

New

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Character Limit: 4500 | File Size Limit: 1 MB

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, the need you are seeking to address, the population you plan to serve, and how they will benefit.

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Activities and Timeline*

Please provide the timeline and description of the activities you will employ.

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Character Limit: 1500

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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 #2**Strategy***

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

Choices

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No

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Obstacles*

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

Character Limit: 3000

Do you wish to apply for an additional strategy?*

Choices

Yes

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Additional Strategy #3

Strategy*

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Character Limit: 5000

Obstacles*

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Character Limit: 3000

Project Budget

Please upload the project budget here.*

Use the Opioid Settlement Budget Template to create your budget. Download a copy to your computer to complete. This template allows your budget to be broken out by strategy.

File Size Limit: 2 MB