

# Opioid Settlement Funds

## Grantee Reporting Form

### Reporting Overview

- Organizations should provide (monthly/quarterly/biannual) by (date of month) to (county contact) progress reports.
- Annual report to be provided at project close by (date) to (county contact name) to include

### Allowable Uses of Funds & Funding Restrictions

Specific to the J&J, Distributor, CVS, Teva, Allergan, Walgreens, Walmart and Kroger settlements, funds must be spent on opioid remediation. Opioid Remediation is defined as,<sup>1</sup>

Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.

Activities must meet the definition of opioid remediation, be evidence-based strategies or promising practices and align with allowable uses outlined by [Exhibit E](#).<sup>2</sup>

Indirect costs may not exceed [redacted] percent ([redacted]%) of funds.

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<sup>1</sup> <https://nationalopioidsettlement.com/>

<sup>2</sup> <https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf>

County Opioid Settlement Funds – FY

<b>Performance Period</b>	(start date - end date)
<b>Reporting Period</b>	(reporting period start date – reporting period end date)
<b>Report Submission Date</b>	(date)

**To be Completed by Organization Submitting Report:**

<b>1. Organization Information</b>	
<b>Organization Name</b>	
<b>Street Address</b>	
<b>Email Address</b>	
<b>Phone Number</b>	
<b>Name of Project Director</b>	
<b>Title of Project Director</b>	
<b>Name of Authorized Representative</b>	
<b>Title of Authorized Representative</b>	
<b>Signature of Authorized Representative</b>	
<b>2. Project Objectives</b>	
<b>3. Staff Working on the Project</b>	
<b>4. Community Partners Involved with the Project and Associated Roles/Collaborative Efforts</b>	

**5. Challenges and Barriers Experienced within the Associated Reporting Period**

**6. Successes Experienced within the Associated Reporting Period**

**7. Populations Served (include number of participants, demographics, and geographic area of participants, and/or appropriate participant information)**

**8. Scope of Work Reporting**

Activity	Outputs	Outcomes	Timeline

<b>9. Budget – Total amount spent</b>		<b>\$</b>	
<b>10. Budget Narrative – How have funds been used (include all direct and indirect costs, highlight funds used for opioid remediation purposes and those used non-remediation purposes)?</b>			