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 National Opioid Settlements, funds must be spent on opioid remediation. Opioid Remediation is defined as,[1]

> 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.[2]

Indirect costs may not exceed _____ percent (___%) of funds.

[1] https://nationalopioidsettlement.com/
[2] https://nationalopioidsettlement.com/wp-content/uploads/2023/02/TEVA-Exhibit-E.pdf

MAC
MICHIGAN ASSOCIATION OF COUNTIES

_____ County Opioid Settlement Funds – FY __

Performance Period	(start date - end date)
Reporting Period	(reporting period start date – reporting period end date)
Report Submission Date	(date)

To be Completed by Organization Submitting Report:

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

5. Challenges and Barriers Experienced within the Associated Reporting Period for Which Technical Assistance Would be Helpful
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 (What the program did: tasks completed and services delivered, *i.e., number of people served*)**	**Outcomes (What impact or change the program had: on participants and community, *i.e., increased understanding of how to respond to overdose*)**	**Timeline**

9. Budget – Total amount spent	**$**		
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)?			