APPLICATION

Section I. Political Subdivision Information

1. NAME OF POLITICAL SUBDI	VISION*
2. TYPE OF POLITICAL SUBDIV	ISION*
☐ Municipality ☐ County	y 🗆 School District
☐ Technology School Dis	trict
☐ Public Trust solely ben	efiting municipality, school district, or county
3. DESIGNATED REPRESENTAT	IVE*
	f contact for this application and throughout the opioid
abatement grant award process	
Name	Title
Address	City, State, Zip Code
Email Address	Phone Number
4. LEGAL REPRESENTATIVE OR	COUNSEL*
Name	Title
Address	City, State, Zip Code
Email Address	Phone Number
5. PRIMARY POINT OF CONTAC	CT*
	imary responsibility of daily operations and management
of the program(s) funded by an	
Name	Title
Address	City, State, Zip Code
Email Address	Phone Number

6. CHIEF FINANCIAL OFFICER OR EQUIVAL	ENT POSITION*
This person will possess the primary resp	onsibility of approving expenditures and
disbursements of the grant funds. Name	Title
Ivaille	Title
A 1.1	C'. C 7' C. I
Address	City, State, Zip Code
Email Address	Phone Number
7. PURDUE SETTLEMENT*	
7a. Is your political subdivision engaged	I in the bankruptcy litigation against
Purdue Pharmaceuticals currently on app	peal with the U.S. Court of Appeals for
the Second Circuit in <i>In Re: Purdue Phar</i>	ma L.P., Case No. 22-299?
□Yes □No	
8. DISTRIBUTORS SETTLEMENT*	
8a. Was your political subdivision involv	ed in the National Opioid Distributors
Settlements (i.e., AmerisourceBergen, C	ardinal Health, and McKesson Corp.) or
an elected participant in the settlements	
□Yes □No	
8b. Please identify your political subdivi	sion's status in the National Opioid
Distributors Settlements:	
□ Named plaintiff □ Participant b	by election, executed release of claims
□ Neither a plaintiff nor a participant	
8c. How much have you received in finar	ncial recovery, if any, from the National
Opioid Distributors Settlement?	
9. RETAILERS AND TEVA/ALLERGAN SETTLE	MENT
9a. Was your political subdivision involv	ed in the National Opioid Retailers
(i.e., CVS, Walgreens, and Walmart) and	Teva/Allergan Settlements or an
elected participant in the settlements?	
□Yes □No	
9b. Please identify your status with resp	ect in the National Opioid Retailers
and Teva/Allergan Settlements:	
□ Named plaintiff □ Participant b	by election, executed release of claims
□ Neither a plaintiff nor a participant	
9c. How much have you received in finar	ncial recovery, if any, from the National
Opioid Retailers and Teva/Allergan Sett	

10. OTHER OPIOID-RELATED LITIGATION
10a. Is your political subdivision currently a named plaintiff in any other
opioid-related litigation?
□Yes □No
10b. If yes, please provide the case name, case number, the court, and the
status of litigation.
10c. How much have you received in financial recovery, if any, from other
opioid-related litigation?
11. DISCLOSURE OF INVESTIGATION
11a. During the past five (5) years, has your political subdivision or public trust
been the subject of any criminal, civil, or administrative investigation by any
been the subject of any criminal, civil, or administrative investigation by any federal, state, or local agencies, including any investigative audit conducted by
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Section II. Proposed Grant Project(s)

12. PROPOSED GRANT PROJECT(S): Use of Funds*
12a. Description of project(s):
Please briefly describe how the political subdivision intends to use grant funds.
12b. Is/are this/these project(s): (mark all that apply)
☐ A new effort for the political subdivision
A proposed supplement or enhancement to a project or effect already in place on or after
January 1, 2015
A combination of enhancing an existing project and effort with new components on or after
January 1, 2015
☐ Will the grant funds requested replace prior local or state funds for the requested
project(s)?
12c. Award amount requested for this project(s):

12. PROPOSED GRANT PROJECT(S): Use of Funds*
12d. Describe any existing project(s) of the political subdivision and how this grant would enhance those efforts.
12e. Approved Purpose(s): (mark all that apply)
Please check which approved purpose(s) align with the proposed grant projects.
\square Expands the availability of treatment for individuals affected by opioid use disorders, cooccurring substance use disorders and mental health issues [74 O.S. § 30.5(1)(a)],
Develops, promotes and provides evidence-based opioid use prevention strategies [74
O.S. § 30.5(1)(b)], ☐ Provides opioid use disorder and co-occurring substance use disorder avoidance and
awareness education [74 O.S. § 30.5(1)(c)],
Decreases the oversupply of licit and illicit opioids [74 O.S. § 30.5(1)(d)],
☐ Supports recovery from addiction services performed by qualified and appropriately licensed providers [74 O.S. § 30.5(1)(e)],
☐ Treats opioid use, abuse and disorders including early intervention screening, counseling
and support [74 O.S. § 30.5(1)(f)],
\square Supports individuals in treatment and recovery from opioid use, abuse and disorder [74 O.S. § 30.5(1)(g)],
□ Provides programs or services to connect individuals with opioid use, abuse or disorder,
or who are at risk of developing opioid use disorder, co-occurring substance use disorder and mental health issues, with treatment and counseling programs and services [74 O.S. §
30.5(1)(h)],
□ Addresses the needs of individuals who are involved, or who are at risk of becoming
involved, in the criminal justice system due to opioid use, abuse or disorder through programs or services in municipal and county criminal judicial systems including prearrest
and post-arrest diversion programs, pretrial services and drug or recovery courts [74 O.S. §
30.5(1)(i)],
\square Addresses the needs of pregnant or parenting women with opioid use, abuse or disorder and their families [74 O.S. § 30.5(1)(j)],
\square Addresses the needs of parents and caregivers caring for babies with neonatal abstinence
syndrome [74 O.S. § 30.5(1)(k)],

12. PROPOSED GRANT PROJECT(S): Use of Funds* \square Supports efforts to prevent overprescribing and ensure appropriate prescribing and dispensing of opioids [74 O.S. § 30.5(1)(1)], \square Supports efforts to discourage or prevent misuse of opioids including the oversupply of licit and illicit opioids [74 O.S. § 30.5(1)(m)], Support efforts to prevent or reduce overdose deaths or other opioid-related harms including through increased availability and distribution of naloxone and other drugs that treat overdoses for use by first responders, persons who have experienced an overdose event, families, schools, community-based service providers, social workers and other members of the public [74 O.S. § 30.5(1)(n)], ☐ Reimburses or fund law enforcement and emergency responder expenditures relating to the opioid epidemic including costs of responding to emergency medical or police calls for service, equipment, treatment or response alternatives, mental health response training and training for law enforcement and emergency responders as to appropriate practices and precautions when dealing with opioids or individuals who are at risk of opioid overdose or death [74 O.S. § 30.5(1)(o)], ☐ Reimburses attorney fees and allowable expenses directly related to opioid litigation incurred as part of legal services agreements entered into before May 21, 2020 [74 O.S. § 30.5(1)(p)], \square Support efforts to provide leadership, planning and coordination to abate the opioid epidemic through activities, programs or strategies for prevention and recovery models including regional intergovernmental efforts and not-for-profit agency support [74 O.S. § 30.5(1)(q)], \square Support education of youths regarding the dangers of opioid use, abuse and addiction, fund training relative to any approved purpose [74 O.S. § 30.5(1)(r)], \square Fund training relative to an approved purpose [74 O.S. § 30.5(1)(s)], \square Monitor, surveil and evaluate opioid use, abuse or disorder [74 O.S. § 30.5(1)(t)], and ☐ Provide opioid abatement as identified by the Oklahoma Opioid Abatement Board as consistent with the purpose of the Political Subdivisions Opioid Abatement Grants Act [74] O.S. § 30.5(1)(u)].

12. PROPOSED GRANT PROJECT(S): Use of Funds*
12f. Please identify what portion, if any, of the grant proceeds will be for indirect costs. THE AMOUNT CANNOT EXCEED FIVE PERCENT OF THE TOTAL PROJECT COST.
Indirect costs include expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization/entity and the performance of the project.
12g. <u>ATTACH</u> a budget for the project(s) with line-item details.
12h. What is the timeline for completing the proposed project(s)? Please include any benchmarks or interim goals to measure progress.

13. PROPOSED GRANT PROJECT(S): Demonstrated Need for Funds*
13a. Political Subdivision Statistics
Please provide any information known or reasonably available to you. If providing estimates, please indicate responses as such. Please provide any sources, including identity and year published, from which you are providing requested data.
Population of political subdivision:
Number of people per capita suffering from opioid use disorder in the political subdivision:
Opioid prescription rate in the political subdivision:
Number of opioid overdose deaths in the last twelve months:
Number of opioid overdose deaths in the last three years:
Amount of opioids distributed within the political subdivision in the last twelve months:
Amount of opioids distributed within the political subdivision in the last three years:

13b. W	hat does your political subdivision expect to be different in a year as a
	of the funding? In two years? Specifically, how will the proposed
project	(s):
i.	Discourage and prevent opioid use and dependency,
ii.	Decrease the number of people per capita suffering from opioid use
	disorder in your political subdivision,
iii.	Reduce the opioid prescription rate in your political subdivision compared to the
	national average opioid prescription rate,
iv.	Lower opioid overdose deaths in your political subdivision and prevent them from
	occurring, and
٧.	Reduce the amount of opioids distributed within your political subdivision.
For insta	ance, what systems will be changed? What populations will benefit? Please be
specific.	
40 5	
	escribe or identify target populations you hope to reach with your
	ed project and how many people are expected to participate and benefit
per yea	r?

14. PROPOSED GRANT PI	ROJECT(S): Capacity for Implementation*
	pe responsible for the project(s) and what role each their experience. You may also attach resumés.
Name	Title/Role
including any relevant expe	at capacity to implement the proposed project(s), erience with similar projects or programming. If you ating past achievements, you may provide or attach
44 5	
	new staff with the grant funds? If so, please describe mplement the proposed projects.
	subdivision's plan for evaluating each project. How our project did or did not achieve the goals outlined

Projects*	SED GRANT PROJECT(S): Evidence Base for Proposed
14a. Is this p	project classified as evidence-based?
	ed" means that the project's approach emphasizes the practical application of findings
	ilable research related to the treatment of opioid-use disorders and the deterrence of
opioid use.	
□Yes	□No
IF YES, ATTA	CH SUPPORTING INFORMATION TO THIS APPLICATION.
15b. Is this p	project classified as evidence-informed?
	rmed" means that the project's approach blends knowledge from the best available
	tice, and people experiencing the practice, as well as understanding the strengths and
	vailable research on opioid-use disorders and the deterrence of opioid use.
□Yes	□No
IF YES, ATTA	CH SUPPORTING INFORMATION TO THIS APPLICATION.
	project been certified or credentialed by a state or federal agency,
or other nati	onally recognized and reputable organization or nonprofit?
□Yes	□No
15 VEC 4 TT 4	
IF YES, ATTA	CH SUPPORTING INFORMATION TO THIS APPLICATION.
-	
-	CH SUPPORTING INFORMATION TO THIS APPLICATION. s project received any awards or recognition?
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15d. Has this	s project received any awards or recognition?
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16. PROPOSED GRANT PROJECT(S): Community Partnership and Support*
16a. Describe current partnerships the entity has within the community to address opioid abatement and the proposed project(s). Please include the name of any potential or anticipated partners and a description of their role in supporting the grant projects. <u>ATTACH</u> any contracts or memoranda of understanding ("MOU") or agreement ("MOA"). If not fully executed, a draft or a narrative describing the scope of services may be provided in lieu of a contract, MOU, or MOA.
16b. Describe any existing community programs or services to prevent or treat opioid addiction and how these projects will compliment those efforts.

16c. Please identify how you evaluated and assessed the needs in your political subdivision to identify and deploy the projects or abatement efforts you seeking to fund.
16d. How do the proposed projects or abatement efforts in this application address the needs identified in 16c?
16e. Specifically identify any organizations or entities that assisted you in determining what needs must be addressed.
16f. Attach any letters of support, articles, or other items that may assist the Oklahoma Opioid Abatement Board in deciding whether to fund your project (OPTIONAL).

Section III. Additional Forms and Supporting Documents

- 1. Provide a copy of your subdivision's most recent financial reports, including the most recent audit if available.
- 2. Provide a signed or adopted resolution or equivalent governmental action authorizing this application and the projects identified above. This can include any of the following:
 - a. A resolution, as allowed by law, adopted through a publicly cast and recorded vote;
 - b. An ordinance, or its equivalent, approved through a publicly cast and recorded vote; or
 - c. An abatement plan or budget approved through a publicly cast and recorded vote.
- 3. **FOR PUBLIC TRUSTS ONLY:** please provide the most up-to-date version of your declaration of trust or trust indenture.

Section IV. Affirmation

I swear or affirm the following under the penalty of perjury:

- 1. I have reviewed the above and foregoing application,
- 2. The information provided is true, correct, and complete,
- 3. No part of the Application was completed or based, directly or indirectly, on the use of artificial intelligence.
- 4. I believe that information submitted is true, correct, and complete,
- 5. The information provided contains no material or intentional misstatement of facts,
- 6. The undersigned is authorized to submit this application, and

7.	The Choose an item. of	has reviewed the	e Grant Award	Contract and	agrees
	to be bound by its terms.				

SIGNATURE OF DESIGNATED REPRESENTATIVE	DATE