**Attachment A: Statement of Assurance**

As the authorized representative of [*insert name of applicant organization*], I assure the North Carolina Department of Health and Human Services that the applicant community-based substance abuse prevention provider organization or collaborative/coalition meets the following requirements:

I assure that PDO grant funds must be used for purposes supported by the program and in accordance with the law. **Funds may not be used to**:

* Pay for any lease beyond the project period.
* Provide services to incarcerated populations.
* Pay for the purchase or construction of any building or structure to house any part of the program.
* Provide residential or outpatient treatment services
* Pay for housing
* Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
* Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
* Make direct payments to individuals to induce them to enter prevention or treatment services. Grant funds may be used for non-clinical support services (e.g., bus tokens, childcare) designed to improve access to and retention in prevention and treatment programs.
* Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. Grant funds may be used for non-cash incentives of up to $30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and are the minimum amount that is deemed necessary to meet program goals and to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $30 cash or equivalent (coupons, bus tokens, gifts, childcare, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
* Meals are generally unallowable unless they are an integral part of a conference grant. Grant funds may be used for light snacks, not to exceed $3.00 per person.
* Distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
* Pharmacologies for HIV antiretroviral therapy, (STD)/(STI), TB, hepatitis B and C, or psychotropics.

As the authorized representative, I assure that is this application is awarded, funds will be dispersed expediently to the applicant substance abuse prevention provider agency or local community coalition. I understand that funding is contingent upon availability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

**Attachment B1: Evaluation Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Objective** | **Measures** | **Source** | **Frequency** | **Person(s) Responsible** |
| Opioid overdose | ↑ ED visits | # of ED visits | NC OSUAP1  | Annual |  |
| ↑ Deaths | # of deaths | NC OSUAP1 | Annual |  |
| Naloxone Training | ↑ Training first responder | # of trainings# trained by type; # reporting new skills & confidence; # using new skills & recognizing overdose signs; # of people administering naloxone | Training Logs | Monthly |  |
| ↑ Training others |
| Naloxone Access | ↑ Availability | Dollars spent | Pos | Monthly |  |
| # of reversals in real time; # of kits used per event | Evaluation Tools | Monthly |  |
| ↑ Distribution to high risk locations | # of patients by location, demographic, prior reversals, & census tract | Evaluation Tools | Monthly  |  |
| # of replacement products requested | Evaluation Tools | Monthly  |  |
| # of kits reaching high need communities by zip code, request vs response, household, dose, recipient type, and type of kit | Evaluation Tools | Monthly |  |
| Post-Naloxone Treatment Referrals | ↑ Post reversal referral to treatment  | # of treatment referrals | NC DMHEvaluation Tools | Monthly |  |
| ↑ Post reversal treatment | # of post reversal treatment/ recovery services | Evaluation Tools | Monthly |  |
| Rx Supply | ↑ Medical professional training | # of trainings; # trained by type; # reporting new skills & confidence | Training Logs | Monthly |  |
| ↑ PDMP utilization | # using new skills | NC CSRS2 | Monthly |  |
| ↓High risk prescribing | # using new skills | NC CSRS2 | Monthly |  |
| Rx Sharing Risks | ↑ Secure Rx storage | N/A | Community Survey | Monthly |  |
| ↑ Safe Rx disposal | N/A | Community Survey | Monthly |  |

1NC Opioid and Substance Use Action Plan Data Dashboard

2NC Controlled Substance Reporting System

**Attachment B2: Baseline Data Measures**

***Instructions:*** Please complete the table below using both data that the applicant agency has and/or data that is available for the county. We understand that the reported number for some of these data points may be 0. This information will not impact the score of your application. The baseline data provided will allow PDO staff to more accurately measure programmatic progress over the life of the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Measures** | **Source** | **Reporting Period** | **Baseline Data** |
| Opioid overdose | # of ED visits | NC OSUAP1 | Most recent |  |
| # of deaths | NC OSUAP1 | Most recent |  |
| Naloxone Training | # of trainings# trained by type; # reporting new skills & confidence; # using new skills & recognizing overdose signs; # of people administering naloxone | Training Logs | 07/01/2021- 06/30/2022 |  |
|
| Naloxone Access | Dollars spent | Pos | 07/01/2021- 06/30/2022 |  |
| # of reversals in real time; # of kits used per event | Evaluation Tools | 07/01/2021- 06/30/2022 |  |
| # of patients by location, demographic, prior reversals, & census tract | Evaluation Tools | 07/01/2021- 06/30/2022 |  |
| # of replacement products requested | Evaluation Tools | 07/01/2021- 06/30/2022 |  |
| # of kits reaching high need communities by zip code, request vs response, household, dose, recipient type, and type of kit | Evaluation Tools | 07/01/2021- 06/30/2022 |  |
| Post-Naloxone Treatment Referrals | # of treatment referrals | Evaluation Tools | 07/01/2021- 06/30/2022 |  |
| # of post reversal treatment/ recovery services | Evaluation Tools | 07/01/2021- 06/30/2022 |  |
| Rx Supply | # of trainings; # trained by type; # reporting new skills & confidence | Training Logs | 07/01/2021- 06/30/2022 |  |
| # using new skills | NC CSRS2 | 07/01/2021- 06/30/2022 |  |
| Rx Sharing Risks | # of medication lockboxes distributed | Community Survey/Other | 07/01/2021- 06/30/2022 |  |
| # of medication disposal kits distributed | Community Survey/Other | 07/01/2021- 06/30/2022 |  |

1NC Opioid and Substance Use Action Plan Data Dashboard

2NC Controlled Substance Reporting System

**Attachment C: Project Timeline**

**EXAMPLE TEMPLATE:**

|  |  |
| --- | --- |
|  | **Funding Period:****December 1, 2022 to June 30, 2023**  |
|  **Specific Steps to be Taken** | **Responsible Person(s)** |  **Start Date** |  **End Date** |
| Task 1 | Receive funds from DMH |  |  |  |  |
| Task 2 | Develop and disseminate a naloxone distribution plan  |  |  |  |  |
| Task 3 | Work on Needs Assessment /Data Collection/Community Readiness  |  |  |  |  |
| Task 4 | Identifying Key stakeholders/partners |  |  |  |  |
| Task 5 | Complete Needs Assessment |  |  |  |  |
| Task 6 | Building Capacity  |  |  |  |  |
| Task 7  | Work with Training and TA Center on implementation of programs.  |  |  |  |  |
| Task 8 | Work on Strategic and Sustainability plan with partners |  |  |  |  |
| Task 9 | Develop Lock Your Meds plan |  |  |  |  |

**Attachment D: FFY 22 Project Budget**

**DMH/DD/SAS Program Budget Proposal and Budget Narrative**

|  |  |  |
| --- | --- | --- |
| Category |  Budget #1: December 1, 2022-June 30, 2023 | Budget #1: December 1, 2022-June 30, 2023: Justification (how do you intend to spend the money?) |
| Equipment  | Equipment  |   |
| Communication (phones, fax, postage) |   |   |
| IT (Computers, copiers) |   |   |
| Furniture |   |   |
| Equipment Repair and Maintenance |   |   |
| Other: |   |   |
| Total Equipment |  $ -  |   |
| Supplies and Materials | Supplies and Materials |   |
| Office Supplies and Materials |   |   |
| Computer Supplies, Materials, and Software |   |   |
| Naloxone Purchase |   |   |
| Service Related Supplies and Materials |   |   |
| Promotional Items |   |   |
| Printing, Copying, and Reprints |   |   |
| Data Collection and Evaluation  |   |   |
| Meetings Expenses |   |   |
| Other: |   |   |
| Total Supplies and Materials |  $ -  |   |
| Travel | Travel |   |
| Staff/Contract Personnel Travel |   |   |
| Staff Lodging/Meals |   |   |
| Total Travel |  $ -  |   |
| Staff Development/Training |   |   |
| Communications/Public Education | Communications/Public Education |   |
| Publications |   |   |
| PSA/Ads |   |   |
| Total Media/Communications |  $ -  |   |
| Total Budget/Expenditures |  $ -  |   |
| TOTAL Requested (Budget/Expenditures):  |   |  $ -  |

**Attachment E: Organizational Chart Template**

***Instructions:*** Please identify the organizational structure for the PDO project. You may use the template below as guidance or use your own template. The organizational chart should clearly outline the applicant/lead agency, project staff, community partners (agency name and contact name, if applicable), and each community partner’s relevance to the proposed PDO project.

