**A RESOLUTION BY THE COUNTY OF [ \_\_\_\_\_\_\_\_]
TO DIRECT THE EXPENDITURE OF OPIOID SETTLEMENT FUNDS**

**WHEREAS** \_\_\_\_\_\_\_\_\_\_ County has joined national settlement agreements with companies engaged in the manufacturing, distribution, and dispensing of opioids, including settlements with drug distributors Cardinal, McKesson, and AmerisourceBergen, and the drug maker Johnson & Johnson and its subsidiary Janssen Pharmaceuticals;

**WHEREAS** the allocation, use, and reporting of funds stemming from these national settlement agreements and certain bankruptcy resolutions (“Opioid Settlement Funds”) are governed by the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation (“MOA”);

**WHEREAS** \_\_\_\_\_\_\_\_ County has received Opioid Settlement Funds pursuant to these national settlement agreements and deposited the Opioid Settlement Funds in a separate special revenue fund as required by section D of the MOA;

**WHEREAS** section E.6 of the MOA states:

E.6. Process for drawing from special revenue funds.

1. Budget item or resolution required. Opioid Settlement Funds can be used for a purpose when the Governing Body includes in its budget or passes a separate resolution authorizing the expenditure of a stated amount of Opioid Settlement Funds for that purpose or those purposes during a specified period of time.
2. Budget item or resolution details. The budget or resolution should (i) indicate that it is an authorization for expenditure of opioid settlement funds; (ii) state the specific strategy or strategies the county or municipality intends to fund pursuant to Option A or Option B, using the item letter and/or number in Exhibit A or Exhibit B to identify each funded strategy, and (iii) state the amount dedicated to each strategy for a stated period of time.

**NOW, THEREFORE BE IT RESOLVED,** in alignment with the NC MOA, \_\_\_\_\_\_\_\_\_\_ County authorizes the expenditure of opioid settlement funds as follows:

1. First strategy authorized
	1. Name of strategy: \_\_\_\_\_\_\_\_\_\_
	2. Strategy is included in Exhibit \_\_\_\_\_\_\_\_\_\_ ([Exhibit A](https://www.morepowerfulnc.org/wp-content/uploads/2021/10/Exhibit-A-to-NC-MOA-3.pdf), [Exhibit B](https://www.morepowerfulnc.org/wp-content/uploads/2022/06/Exhibit-B-to-NC-MOA.pdf))
	3. Item letter and/or number in Exhibit A or Exhibit B to the MOA: \_\_\_\_\_\_\_\_\_\_
	4. Amounted authorized for this strategy: $\_\_\_\_\_\_\_\_\_\_
	5. Period of time during which expenditure may take place:

Start date \_\_\_\_\_\_\_\_\_\_ through End date \_\_\_\_\_\_\_\_\_\_

* 1. Description of the program, project, or activity: \_\_\_\_\_\_\_\_\_\_
	2. Provider: \_\_\_\_\_\_\_\_\_\_
1. Second strategy authorized
	1. Name of strategy: \_\_\_\_\_\_\_\_\_\_
	2. Strategy is included in Exhibit \_\_\_\_\_\_\_\_\_\_ ([Exhibit A](https://www.morepowerfulnc.org/wp-content/uploads/2021/10/Exhibit-A-to-NC-MOA-3.pdf), [Exhibit B](https://www.morepowerfulnc.org/wp-content/uploads/2022/06/Exhibit-B-to-NC-MOA.pdf))
	3. Item letter and/or number in Exhibit A or Exhibit B to the MOA: \_\_\_\_\_\_\_\_\_\_
	4. Amounted authorized for this strategy: $\_\_\_\_\_\_\_\_\_\_
	5. Period of time during which expenditure may take place:

Start date \_\_\_\_\_\_\_\_\_\_ through End date \_\_\_\_\_\_\_\_\_\_

* 1. Description of the program, project, or activity: \_\_\_\_\_\_\_\_\_\_
	2. Provider: \_\_\_\_\_\_\_\_\_\_
1. Third authorized strategy
	1. Name of strategy: \_\_\_\_\_\_\_\_\_\_
	2. Strategy is included in Exhibit \_\_\_\_\_\_\_\_\_\_ ([Exhibit A](https://www.morepowerfulnc.org/wp-content/uploads/2021/10/Exhibit-A-to-NC-MOA-3.pdf), [Exhibit B](https://www.morepowerfulnc.org/wp-content/uploads/2022/06/Exhibit-B-to-NC-MOA.pdf))
	3. Item letter and/or number in Exhibit A or Exhibit B to the MOA: \_\_\_\_\_\_\_\_\_\_
	4. Amounted authorized for this strategy: $\_\_\_\_\_\_\_\_\_\_
	5. Period of time during which expenditure may take place:

Start date \_\_\_\_\_\_\_\_\_\_ through End date \_\_\_\_\_\_\_\_\_\_

* 1. Description of the program, project, or activity: \_\_\_\_\_\_\_\_\_\_
	2. Provider: \_\_\_\_\_\_\_\_\_\_
1. [++ Additional strategies authorized, using above a.-g. template]

The total dollar amount of Opioid Settlement Funds appropriated across the above named and authorized strategies is $\_\_\_\_\_\_\_\_\_\_.

Adopted this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20XX.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 [ \_\_\_\_\_\_\_ ], Chair
 [ ] County Board of Commissioners

ATTEST:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[ ] Clerk to the Board

**COUNTY SEAL**