**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.

**WHEREAS** the allocation, use, and reporting of funds stemming from these national settlement agreements and 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”) and the Supplemental Agreement for Additional Funds from Additional Settlements of Opioid Litigation (“SAAF”);

**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 that, before spending opioid settlement funds, the local government’s governing body must adopt a resolution that:

1. indicates that it is an authorization for expenditure of opioid settlement funds; and,
2. states 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,
3. states the amount dedicated to each strategy for a specific period of time.

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

1. First strategy authorized
	1. Name of strategy: \_\_\_\_\_\_\_\_\_\_
	2. Strategy is included in Exhibit \_\_\_\_\_\_\_\_\_\_
	3. Item letter and/or number in Exhibit A or Exhibit B to the MOA: \_\_\_\_\_\_\_\_\_\_
	4. Amount 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 \_\_\_\_\_\_\_\_\_\_
	3. Item letter and/or number in Exhibit A or Exhibit B to the MOA: \_\_\_\_\_\_\_\_\_\_
	4. Amount 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 \_\_\_\_\_\_\_\_\_\_
	3. Item letter and/or number in Exhibit A or Exhibit B to the MOA: \_\_\_\_\_\_\_\_\_\_
	4. Amount 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**