



**PLEASE NOTE: THIS DOCUMENT IS FOR
PREVIEW/PLANNING PURPOSES ONLY. ALL REPORTS
MUST BE SENT THROUGH THE CORE-NC PORTAL.**

Welcome to the **Financial Report Portal** for the North Carolina opioid settlements. Under the Memorandum of Agreement (MOA), a local government that receives, spends, or holds Opioid Settlement Funds during a fiscal year must file an annual financial report within 90 days of the end of the fiscal year. The information you provide will be available to the public through the Community Opioid Resources Engine for North Carolina (CORE-NC).

DEADLINE TO FILE THIS REPORT: The annual financial report must be completed using this portal by **September 27**.

HOW TO FILE THIS REPORT: There are two alternative portals used to file the report, and the portal you use depends on the amount of Opioid Settlement Funds your local government receives. This portal is for local governments that receive two-tenths of one percent (0.2 percent) or more of the total Local Government Allocation as listed in MOA [Exhibit G](#). If your local government receives a lower percentage, please use the other portal: Visit Portal.

An overview of the information necessary to complete the Financial Report can be found [here](#). **Please make sure to have all the required information available before beginning this form.**

HOW TO REPORT ON SUB-RECIPIENTS: For any local government that receives two-tenths of one percent (0.2 percent) or more of the total Local Government Allocation as listed in MOA [Exhibit G](#), additional information may be required. In the case of any such local government that disbursed any Opioid Settlement Funds in this reporting fiscal year, where any sub-

recipient (as defined in [Exhibit E](#) of the MOA) received a disbursement of settlement funds equal to or greater than either (a) \$50,000 or (b) 10% of the total amount disbursed, **[this Excel spreadsheet must be uploaded along with your report](#)**. Please download the Excel spreadsheet and complete it before beginning the form.

(For these purposes, a sub-recipient for whom reporting is required is an entity receiving Opioid Settlement Funds from the Local Government for the purpose of the entity implementing a strategy listed in Exhibit A or Exhibit B of the MOA.)

HOW TO LEARN MORE: Learn more about this report in Part 5 of the [FAQ about the NC MOA](#) or in the [MOA itself](#) (section F.6 and [Exhibit E](#)).

For questions about this form, please contact opioidsettlement@unc.edu. For legal questions about the opioid settlements or MOA, please contact opioidsettlement@ncdoj.gov. For technical assistance planning, implementing, or evaluating strategies to address the opioid overdose epidemic, please contact opioidsettlement@ncacc.org.

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Select your county/municipality. If your county/municipality is not listed in the drop-down menu below, you must use the other reporting portal found [here](#).

Select the relevant **fiscal year** for this report.

☐ Fiscal Year 2024–2025

Please provide your **contact information** below. By submitting this Annual Financial Report, you attest that [LOCAL GOVERNMENT] has authorized you to provide the information in the report to the NC Department of Justice and the Community Opioid Resources Engine for North Carolina (CORE-NC).

Enter your name.

Enter your title.

Enter your organization.

Enter your email address.

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Please provide the following financial information for [LOCAL GOVERNMENT]. All answers should be given in exact dollars and cents.

The following general questions apply to all Opioid Settlement Funds in your special revenue fund.

Q1. Provide the amount of Opioid Settlement Funds in your special revenue fund at the **beginning of the 2024–2025 fiscal year (July 1, 2024)**. This answer should match the end balance reported in last fiscal year's Financial Report (if you are unsure about the end balance reported in last fiscal year's report, please check the [CORE-NC Document Library](#) to view last fiscal year's financial report). This answer should be given in exact dollars and cents.

\$

Q2. Provide the total amount of **Opioid Settlement Funds received during the 2024–2025 fiscal year**. (Please confirm that this amount matches the amount reported in this spreadsheet. If it does not, please email opioidsettlement@unc.edu before continuing this form.) This answer should be given in exact dollars and cents.

\$

Q3. Provide the amount of **interest or investment gains realized during the 2024-2025 fiscal year and allocated to the special revenue fund**. If no interest or investment gains were realized during the fiscal year, please enter zero (0.00). This answer should be given in exact dollars and cents.

\$

Q4. Provide the amount of **investment losses realized during the 2024-2025 fiscal year and allocated to the special revenue fund**. If no investment losses were realized during the fiscal year, please enter zero (0.00). This answer should be given in exact dollars and cents.

\$

Q5. Provide the **total amount of Opioid Settlement Funds disbursed during the 2024-2025 fiscal year**, net of any reimbursements. Please do NOT include in this amount obligations that have not yet been disbursed or audit costs covered in Question 6 below. If no funds were disbursed during the fiscal year, please enter zero (0.00). This answer should be given in exact dollars and cents.

\$

Q6. Provide the amount of Opioid Settlement Funds **disbursed during the 2024-2025 fiscal year to cover audit costs** (as provided in MOA section F.3).

If your local government did not disburse Opioid Settlement Funds to cover audit costs during the fiscal year, please enter zero (0.00). This answer should be given in exact dollars and cents.

\$

Q7. Provide the amount of Opioid Settlement Funds in your special revenue fund at the **end of the 2024-2025 fiscal year (June 30, 2025)**. This answer should be given in exact dollars and cents.

This number should equal:

Question 1 amount

+ Question 2 amount

+ Question 3 amount

- Question 4 amount

- Question 5 amount

- Question 6 amount

\$

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Did [LOCAL GOVERNMENT] **disburse any funds** for an Exhibit A or Exhibit B strategy during the 2024–2025 fiscal year?

☐ Yes

☐ No

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[IF NO, LOCAL GOV'T DID NOT DISBURSE FUNDS, SKIP TO PAGE #14]

[IF YES, LOCAL GOV'T DID DISBURSE FUNDS, CONTINUE]

Next, we ask you about any funds disbursed during the 2024–2025 fiscal year to implement INDIVIDUAL STRATEGIES listed in Exhibit A or Exhibit B to the MOA. The MOA requires that you report the **total amount disbursed for each individual strategy**, even if you disbursed funds to several different providers to implement the strategy. For example, if \$10,000 was disbursed to Provider A for "Naloxone Distribution" and \$20,000 was disbursed to Provider B also for "Naloxone Distribution", please report \$30,000 for "Naloxone Distribution" in this form.

To begin, please complete the following questions for **the FIRST strategy** for which funds were disbursed. **If [LOCAL GOVERNMENT] has disbursed funds for more than one strategy this fiscal year, you will have the opportunity to answer these questions again for each of the other strategies.**

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[BEGIN LOOP OF STRATEGY-SPECIFIC QUESTIONS]

Is the strategy an **Exhibit A strategy** listed in the MOA?

☐ Yes

☐ No

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[IF YES, STRATEGY IS AN EXHIBIT A STRATAEGY, ANSWER THE FOLLOWING 1 QUESTION]

Select the **Exhibit A** strategy.

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[IF NO, STRATEGY IS NOT AN EXHIBIT A STRATEGY, ANSWER THE FOLLOWING 2 QUESTIONS]

Select the **Exhibit B** category for the strategy.

Select the number that best describes the strategy.

1.
☐

2.
☐

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[RESUME QUESTIONS FOR BOTH EXHIBIT A + EXHIBIT B STRATEGIES]

State the **total amount of funds disbursed for this strategy** during FY 2024-2025 in exact dollars and cents. **Please prorate any permissible common costs among all strategies.**

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Did [LOCAL GOVERNMENT] disburse funds for another strategy in FY 2024-2025?

☐ Yes

☐ No

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[IF YES, DISBURSED FUNDS FOR ANOTHER STRATEGY, REPEAT STRATEGY LOOP BEGINNING ON PAGE #8]

[IF NO, DID NOT DISBURSE FUNDS FOR ANOTHER STRATEGY, CONTINUE]

A sub-recipient is a separate legal entity, receiving Opioid Settlement Funds from a Local Government, for the purpose of implementing a strategy listed in Exhibit A or Exhibit B of the MOA.

A sub-recipient is a corporation, partnership, or other legal entity that is separate and apart from the Local Government. Typically, a sub-recipient is a legal entity (rather than an individual) that contracts with a Local Government.

For example, if a local government contracts with "JS Consulting" to provide collaborative strategic planning services, the local government should list "JS Consulting" as the sub-recipient (NOT Joan Smith, the individual who owns JS Consulting, or Bob Jones, an employee of JS Consulting).

Did any sub-recipient (as defined above) receive a total disbursement of settlement funds equal to or greater than either (a) \$50,000 or (b) 10% or more of the total amount of opioid settlement funding that [LOCAL GOVERNMENT] disbursed during Fiscal Year 2024-2025?

☐ Yes

☐ No

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[IF YES, CONTINUE]

[IF NO, SKIP TO PAGE #14]

For each sub-recipient (previously defined) that received a total disbursement of settlement funds equal to or greater than either (a) \$50,000 or (b) 10% of the total amount of Opioid Settlement Funds disbursed during FY 2024-2025, your local government shall provide the:

1. Name of the sub-recipient
2. The total amount of Opioid Settlement Funds disbursed to the sub-recipient during the fiscal year
3. A very brief description of the goods, services, or other value provided by the sub-recipient (for example, “evidence-based addiction treatment services” or “peer support services” or “syringe service program”)

Please provide this information using this Excel spreadsheet template. If you have not done so already, please download this Excel spreadsheet template, fill out the spreadsheet, and upload the completed spreadsheet below.

If your local government disbursed funds to a **single sub-recipient** to help implement **more than one strategy** listed in Exhibit A or Exhibit B to the MOA, please report the following information for that sub-recipient:

1. Name of the sub-recipient
2. The total amount of Opioid Settlement Funds disbursed to the sub-recipient during the fiscal year for all strategies combined
3. A very brief description of the goods, services, or other value provided by the sub-recipient, including all of the strategies the sub-recipient helped implement (for example, “evidence-based addiction treatment services” and/or “peer support services” and/or “syringe service program”)

Upload your completed sub-recipient Excel spreadsheet.

Drop files or click here to upload

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PREVIEW

Please use this space to share any relevant notes, clarifications, context, or corrections regarding your submission. **If none, please enter N/A.**



Submit

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