



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

Welcome to the **Local Spending Authorization Reporting Form** for the North Carolina opioid settlements.

Before spending opioid settlement funds, a local government must authorize the expenditure of such funds in a manner that satisfies BOTH the requirements set forth in the Memorandum of Agreement (MOA) AND the state law requirements set forth in the Local Government Budget and Fiscal Control Act.

This Opioid Settlement Local Spending Authorization form ONLY concerns local government compliance with the MOA. While local governments must also satisfy the state law requirements set forth in the Local Government Budget and Fiscal Control Act, that is not covered in this form.

In order to authorize the expenditure of opioid settlement funds in a manner consistent with the MOA, a local government must adopt a resolution that states the specific strategies to be funded and states the amount dedicated to each strategy for a specified period of time. This information must be reported to CORE-NC within 90 days of the passage of this resolution. [View sample language for counties authorizing opioid settlement funds.](#)

**Read an [overview of the questions included in this form](#). Please make sure to have all the required information available before beginning this form.**

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

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Select your county/municipality.

[DROPDOWN LIST]

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Please provide the following **contact information** so that we may get in touch with you about your report. By submitting this Local Spending Authorization Report, you attest that you are authorized by your local government to provide this information to CORE-NC.

Enter your name.

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Enter your title.

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Enter your organization.

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Enter your email address.

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By submitting this Local Spending Authorization Report, you attest that you are authorized by your local government to provide this information to CORE-NC.

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Has [LOCAL GOVERNMENT] adopted a resolution authorizing the expenditure of opioid settlement funds?

- Yes
- No

---NEXT PAGE---

[IF NO, LOCAL GOVT HAS NOT ADOPTED A RESOLUTION, ANSWER THE FOLLOWING QUESTION AND THEN SKIP TO PAGE 9]

When does [LOCAL GOVERNMENT] plan to adopt a resolution authorizing the expenditure of opioid settlement funds?

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[IF YES, LOCAL GOVERNMENT HAS ADOPTED A RESOLUTION, CONTINUE]

Confirm that [LOCAL GOVERNMENT] used a resolution to authorize the expenditure of opioid settlement funds, as required by the MOA. **If multiple resolutions were authorized, please submit a separate form for each resolution.**

**NOTE:** As explained at the beginning of this form, before spending opioid settlement funds, a local government must authorize the expenditure of such funds in a manner that satisfies BOTH the requirements set forth in the MOA AND the state law requirements set forth in the Local Government Budget and Fiscal Control Act. This form only concerns local government compliance with the MOA.

- Authorization was approved using a **resolution**

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Please complete the following questions for the **resolution you passed** to authorize the expenditure of opioid settlement funds.

**If you have passed more than one resolution, please submit a separate form with the other resolution's information.**

Enter the **resolution number** that authorized the expenditure of opioid settlement funds. If your local government does not use resolution numbers, please enter N/A.

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Enter the **date** that the resolution was passed. (MM/DD/YYYY)

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Upload a **PDF file for the resolution** that includes the authorization for expenditure of opioid settlement funds.

By uploading document(s), you attest that any uploaded document is an accurate copy of a resolution adopted by your local governing body.

[FILE UPLOAD]

Please use this space to enter any **instructions** for finding the relevant information in the uploaded PDF.

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Is this resolution an **amendment** to a previously adopted resolution?

- Yes, this is an amendment to a previously adopted resolution.
- No, this is not an amendment to a previously adopted resolution.
- I'm not sure.

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The following prompts will ask you questions about the strategy(s) [LOCAL GOVERNMENT] has authorized to fund using this resolution.

These definitions below may be helpful when completing the prompts.

- **Exhibit A Strategies:** High-impact strategies found in Exhibit A of the NC MOA. [View Exhibit A Strategies](#)
- **Exhibit B Strategies:** Additional opioid remediation activities found in Exhibit B of the NC MOA. Requires the county/municipality to participate in additional collaborative strategic planning (discussed in section E.5 of the [MOA](#) and part 4 of the [FAQ about the NC MOA](#)). [View Exhibit B Strategies](#)

To begin, please complete the following questions for the **FIRST strategy** authorized. **If [LOCAL GOVERNMENT] has authorized more than one strategy, you will have the opportunity to answer these questions again for the other strategy(s).**

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**[BEGIN LOOP OF STRATEGY-SPECIFIC QUESTIONS]**

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

- Yes
- No

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

Select the **Exhibit A** strategy authorized.

[DROPDOWN]

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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 authorized.

[DROPDOWN]

Select the number that best describes the strategy authorized.

- 1. -----
- 2. -----
- Etc.

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

State the amount of funds authorized for this strategy **in dollars and cents**.

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**Enter the period of time (MM/DD/YYYY) during which the expenditure may take place.**

**Start date** refers to the day from which spending is authorized to begin for this strategy with this budget amount.

**End date** refers to the day after which spending authorization for this strategy with this budget amount expires.

Example: Start date 01/01/2023 through end date 06/30/2024

(Or if for a state fiscal year): Start date 07/01/2023 through end date 06/30/2024

Enter the **start date** (MM/DD/YYYY).

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Enter the **end date** (MM/DD/YYYY).

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If known, include the name of the **provider/entity** implementing this strategy. This information should match what is listed on the resolution PDF.

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Provide a 1-3 sentence **summary of the local actions** you plan to fund within the strategy you selected. This information should match what is listed on the resolution PDF.

This information is available on the CORE-NC data displays. Providing this optional additional information will help your residents and others better understand your plans to spend opioid settlement funds.

For example, if you selected the strategy "Syringe Service Programs", you might write "Fund Provider A to purchase sterile syringes and other necessary supplies."

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Did [LOCAL GOVERNMENT] authorize another strategy using this resolution?

- Yes
- No

---NEXT PAGE---

[IF YES, AUTHORIZED ANOTHER STRATEGY, REPEAT STRATEGY LOOP BEGINNING ON PAGE 6]

[IF NO, DID NOT AUTHORIZE ANOTHER STRATEGY, CONTINUE]

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

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---SUBMIT---

PREVIEW