



Request for Applications No. 2026-059 Opioid Settlement Funding

Due Date: **March 18, 2026**
Time: 5:00 PM Local Time

Submittal Location: **Electronic Submission Only**
Union County Government Center
Procurement Department
Applications must be submitted electronically using the following link:
<https://lfportal.unioncountync.gov/Forms/procurementsubmit>

Paper submissions and/or email submissions will not be accepted

Procurement Contact:

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2 NOTICE OF ADVERTISEMENT

Union County, North Carolina
Request for Applications No. 2026-059
Request for Applications

Electronic applications will be received by the Union County's Procurement & Contract Management Department by **5:00 PM EDT on March 18, 2026**. Late submittals will not be accepted.

Union County, North Carolina, through the County Manager's Office, invites applications for Opioid Settlement Strategies that align with Exhibits A and B outlined in the [FY2027–FY2030 Opioid Response Plan](#).

Copies of the solicitation may be obtained from the locations listed below:

1. Download the Application & [Budget Worksheet](#) Documents from the Union County website:
<https://weblink.unioncountync.gov/WebLink/DocView.aspx?id=235475&dbid=0&repo=UCLibrary>
2. Download the Solicitation Documents from the State of North Carolina eVP website:
<https://evp.nc.gov/solicitations/> (Search County of Union)

All questions about the meaning or intent of the RFA Documents are to be submitted in writing to the Procurement Representative listed on the cover page (kyle.hodge@unioncountync.gov) no later than **March 4, at 5:00 PM EST**.

Union County reserves the right to reject any or all applications, to waive technicalities and to make such selection deemed in its best interest.

Union County reserves the right to award to multiple vendors.

Applicants are required to comply with the non-collusion requirements set forth in the Solicitation Documents.

Union County encourages good faith effort outreach to Minority Businesses (HUB Certified) and Small Businesses.

3 Submission Details

Applications must be submitted electronically using the following link:

<https://lfportal.unioncountync.gov/Forms/procurementsubmit>. The application must be signed by a person who is authorized to bind the Applicant. Instructions for preparing the application are provided herein. Select the solicitation drop down arrow and choose this RFA from the list. Complete the form, upload your application as instructed in this RFA, and select submit. The maximum size accepted is 30 MB. A delivery notification email, from LF-Forms@co.union.nc.us, will be sent as your confirmation of receipt.

Paper submissions and/or email submissions will not be accepted.

4 APPLICATION QUESTIONS AND COMMUNICATION

4.1 APPLICATION QUESTIONS

Application questions will be due on or before **March 4, 2026, at 5:00 PM EST**. The primary purpose of this is to provide participating vendors with the opportunity to ask questions, in writing, related to the RFA.

Submit questions by email to Kyle Hodge at kyle.hodge@unioncountync.gov by the deadline shown above. The email should identify the as ; **RFA 2026-059 Opioid Settlement Funding**. All questions and answers may be posted as addenda on www.unioncountync.gov and <https://evp.nc.gov/solicitations/>.

4.2 APPLICATION ADDENDUM

Union County may modify the RFA prior to the date fixed for submission of applications by the issuance of an addendum. Should an Applicant find discrepancies or omissions in this RFA, or any other documents provided by Union County, the Applicant should immediately notify the County of such potential discrepancy in writing via email as noted above.

Any addenda to these documents shall be issued in writing. No oral statements, explanations, or commitments by anyone shall be of effect unless incorporated in the written addenda. Receipt of Addenda shall be acknowledged by the Applicant on Appendix A, Addendum.

4.3 COMMUNICATION

All communications, any modifications, clarifications, amendments, questions, responses or any other matters related to this Request for Applications (RFA) must be made only through the Procurement Contact noted on the cover of this RFA. A violation of this provision is cause for the County to reject a company's application. No contact regarding this document with other County employees is permitted and may be grounds for disqualification.

5 INTRODUCTION

5.1 READ, REVIEW AND COMPLY

It shall be the Applicant's responsibility to read this entire document, review all enclosures and attachments, and any addenda thereto, and comply with all requirements specified herein. Applications shall be submitted in accordance with the terms and conditions of this RFA and any addenda issued hereto. Please see the [FY2027- FY2030 Union County Opioid Response Plan](#) for eligible activities for each strategy that could be included in your application.

5.2 BACKGROUND AND PURPOSE

In 2017, Governor Roy Cooper launched the North Carolina (NC) Opioid Action Plan, which was updated as the NC Opioid Action Plan 2.0 in June 2019. The NC Opioid Action Plan advances various strategies for overdose prevention and response, including prevention, connections to care, and harm reduction. In May 2021, the plan was updated again to become NC's Opioid and Substance Use Action Plan 3.0 (OSUAP). The latest update included a broader focus on polysubstance use as well as centering on equity and lived experiences.

In July 2021, NC Attorney General Josh Stein announced a historic national settlement agreement with companies engaged in the manufacturing, distribution, and dispensing of opioids. These agreements will bring much needed resources to communities impacted by the opioid overdose epidemic. 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 ("NC MOA") and the Supplemental Agreements for Additional Funds from Additional Settlements of Opioid Litigation ("SAAF").

The NC MOA directs how opioid settlement funds are distributed and used in our state. To maximize funds flowing to NC communities, the MOA allocates 15 percent of settlement funds to the State and sends the remaining 85 percent to NC's 100 counties and 17 of the state's municipalities.

Union County is projected to receive approximately \$17.7 million from Phase One and Phase Two settlement funds over an 18-year period (2022–2038) and has received notice of a third phase with an estimated \$2.1 million over the next 15 years—bringing the anticipated total to just over \$19.8 million. Consistent with the MOA, all funds must be used for opioid abatement purposes, aligned with allowable strategies in Exhibits A and B, and managed with transparency, accountability, and strong fiscal stewardship.

The overdose death rate in Union County was 12.8 out of 100,000 people in 2024. This represents 34 people in Union County who died from overdose in that year. For every death,

there are more non-fatal overdoses. While we are not able to capture all opioid overdoses, emergency department visits for overdoses are one way to measure the number of overdoses happening. The estimated overdose emergency department visit rate in Union County was 54.7 out of 100,000 people in 2025. This represents 144 emergency department visits by Union County residents for overdoses in that year.

5.3 ADDITIONAL RESOURCES

The following resources may also be helpful as you plan and develop your applications:

- [North Carolina Opioid Settlement - Memorandum of Agreement Resource Center: NorthCarolinaOpioidSettlement.gov](#) (please take a close look at the 'Full Text of the [NC MOA](#)', 'FAQ about the NC MOA', and 'FAQ about Option A & B Strategies in the [MOA](#)')
- Core-NC Local Progress Dashboard: <https://ncopioidsettlement.org/trends/local-progress/>
- [FY2027-FY2030 Union County Opioid Response Plan](#)
- [2026 RFA- Opioid Settlement Budget Worksheet](#)
- [North Carolina Memorandum of Agreement](#)
- [North Carolina State MOA's Exhibit C](#)
- [North Carolina State MOA's Exhibit E](#)
- [North Carolina State MOA's Exhibit F](#)
- [NC Opioid Settlement Measures Models document](#)
- [NC Certified Peer Support Specialist Program](#)
 - [NCCCPSS Approved Courses](#)
- [NC Post-Overdose Response Team Toolkit](#)

5.4 PROJECT BACKGROUND

Union County conducted a second strategic planning process from September through December 2025 to guide Phase II investments (FY2027 —FY2030). This process incorporated updated epidemiological data, funded-partner performance reports, focus groups, and lived-experience input. Stakeholders reaffirmed the County's mission, vision and goals and prioritized 11 strategies aligned with the [NC MOA](#) Exhibits A and B, with an emphasis on scaling effective programs, closing critical service gaps, strengthening coordination, and maintaining transparency and accountability. This four-year roadmap translates Union County's 2025 strategic planning outcomes into an actionable implementation plan. Stakeholders prioritized a coordinated portfolio across three buckets of work:

- Treatment and Recovery Services,
- Prevention-Focused Strategies,
- Harm Reduction

6 ELIGIBILITY

Applications will be accepted from nonprofit organizations, governmental agencies, hospital systems, and private behavioral health and mental health providers (including providers of Office-Based Opioid Treatment and Opioid Treatment Providers), Federal Qualified Health Centers, colleges and universities, and K-12 schools, and other community-based organizations that are licensed to conduct business in North Carolina. Proof of nonprofit status is required for entities applying as a non-profit. Applicants must clearly demonstrate experience working with individuals with opioid use disorder (OUD) and a commitment to evidence-based and/or evidence-informed strategies addressing opioid use disorder.

Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one of which must serve as the fiscal agent or the organization that will take total responsibility of the fiscal and grant-related requirements.

7 SCOPE OF WORK

7.1 WHY A REQUEST FOR APPLICATIONS

A request for applications is the tool Union County will use to identify and fund the most effective, evidence-based, and evidence-informed strategies to reduce opioid-related harm and save lives. RFAs are routinely used by local governments because they provide an organized, standardized, and fair way to invite applications and award public funds through a transparent and inclusive selection process.

This RFA is intended to ensure Union County makes the best use of its allocated Opioid Settlement Funds by investing in strategies that are proven to work, guided by population-level data, and aligned with best-practice principles for opioid litigation funds. The County's priorities are to spend money to save lives, use evidence to guide spending, and select strategies through clear criteria and public accountability while maintaining settlement requirements under the [NC MOA](#). A well-designed RFA also streamlines administration, reduces staff burden, attracts higher-quality applications, and helps minimize financial and legal risk by documenting a fair process and clear funding rationale. Applicants must submit a cost-conscious, clearly appropriate budget that connects planned expenditures to measurable community need and anticipated impact. Ultimately, the RFA supports stronger partnerships, smarter investments, and measurable progress toward reducing overdoses and improving recovery outcomes in Union County. The Union County Board of Commissioners may choose to fund applications in full or in part.

7.2 SCOPE

As a result of Union County's 2nd Strategic Planning Process, the County will focus on scaling

proven approaches and closing key gaps by expanding evidence-based and evidence-informed addiction treatment and retention supports, strengthening recovery support services, advancing early intervention and prevention, and increasing harm reduction, including naloxone access and post-overdose engagement, to save lives and connect people to care quickly.

The following priorities are listed in the order ranked by Union County Stakeholders and should guide sequencing and funding decisions.

1. Recovery Support Services (Exhibit A.3)
2. Evidence-based addiction treatment (Exhibit A.2)
3. Early intervention (Exhibit A.6)
4. Support People in Treatment and Recovery (Exhibit B–B.3)
5. Address Needs Of Criminal Justice Involved Persons (Exhibit B-D.3)
6. Collaborative Strategic Planning (Exhibit A.1)
7. Post-overdose response team (Exhibit A.8)
8. Address The Needs of Criminal-Justice-Involved Persons (Exhibit B-D.5)
9. Naloxone distribution (Exhibit A.7)
10. Employment-related services -Includes Transportation (Exhibit A.5)
11. Prevent Misuse of Opioids (Exhibit B-G.1)

7.3 PRIORITY POPULATION(S)

- Union County youth and young adults
- Union County residents returning from incarceration
- Union County residents with opioid use disorder (OUD) and co-occurring substance use or mental health needs
- Union County individuals who face barriers related to stigma, cost, transportation, or lack of insurance
- Union County residents who are shelter unstable or housing unstable
- Union County residents with low or no income
- Union County residents who are uninsured or underinsured

8 ELIGIBLE STRATEGIES

In alignment with guidelines set by the [NC MOA](#), Union County will consider funding qualified organizations to implement the following Exhibit A & Exhibit B strategies. **For details on recommended activities under any of the strategies listed in this Section, please refer to the [FY2027-FY2030 Union County Opioid Response Plan](#).**

8.1 RECOVERY SUPPORT SERVICES (EXHIBIT A.3)

Fund evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.

8.2 EVIDENCE-BASED ADDICTION TREATMENT (EXHIBIT A.2):

Support evidence-based addiction treatment consistent with the American Society of Addiction Medicine's National Practice Guideline for the Treatment of Opioid Use Disorder –including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration – through Opioid Treatment Programs, qualified providers of Office-Based Opioid Treatment, Federally Qualified Health Centers, treatment offered in conjunction with justice system programs, or other community-based programs offering evidence-based addiction treatment.

8.3 EARLY INTERVENTION (EXHIBIT A.6)

Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions, including Youth Mental Health First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

8.4 SUPPORT PEOPLE IN TREATMENT AND RECOVERY (EXHIBIT B–B.3)

Support people in treatment for or recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: Providing counseling, peer-support, recovery case management, and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring substance use disorder (SUD)/mental health (MH) conditions.

8.5 ADDRESS NEEDS OF CRIMINAL JUSTICE INVOLVED PERSONS (EXHIBIT B-D.3)

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: supporting treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

8.6 COLLABORATIVE STRATEGIC PLANNING (EXHIBIT A.1)

Support collaborative strategic planning to address opioid misuse, addiction, overdose, or related issues, including staff support, facilitation services, or any activity or combination of activities listed in [Exhibit C to the MOA](#) (collaborative strategic planning).

Exhibit C -H. Identify gaps in existing efforts: For each potential strategy identified (or for favored strategies), survey existing programs, services, or supports that address the same or similar issues; and identify gaps or shortcomings. Reports and recommendations should include a report on surveys of and gaps in existing efforts.

Exhibit C-J. Identify goals, measures, and evaluation plan: For each strategy (or favored strategy), develop goals and an evaluation plan that includes at least one process measure (How much did you do?), at least one quality measure (How well did you do it?), and at least one outcome measure (Is anyone better off?). Reports and recommendations should include a report on goals, measures, and evaluation plan for each chosen strategy.

8.7 POST-OVERDOSE RESPONSE TEAM (EXHIBIT A.8)

Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being. For additional details on recommended activities under this strategy, please refer to the [NC Post-Overdose Response Team Toolkit](#) and the [FY2027-FY2030 Union County Opioid Response Plan](#).

Develop community-based organizations that have experience working with people directly impacted by drug use to prevent repeat overdose and connect those who have had a non-fatal overdose to care. Although the response to the overdose event is expected to be prompt, applications should indicate how initial interactions with people who have overdosed constitute the beginning of a supportive and ongoing relationship (e.g., light-touch case management). The parameters of these relationships should be dictated by the participant/person who has overdosed.

Letters of support/commitment must be included for each partner involved in the post-

overdose response team process, such as the local EMS agency, emergency department, treatment provider, harm reduction organization, and any other agency that is part of this proposed strategy. The application should outline a specific protocol or plan used for post-overdose response and outreach.

8.8 POST-OVERDOSE RESPONSE TEAM (EXHIBIT A.8)

Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being. For additional details on recommended activities under this strategy, please refer to the [NC Post-Overdose Response Team Toolkit](#) and the [FY2027-FY2030 Union County Opioid Response Plan](#).

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8.9 POST-OVERDOSE RESPONSE TEAM (EXHIBIT A.8)

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8.10 POST-OVERDOSE RESPONSE TEAM (EXHIBIT A.8)

Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being. For additional details on recommended activities under this strategy, please refer to the [NC Post-Overdose Response Team Toolkit](#) and the [FY2027-FY2030 Union County Opioid Response Plan](#).

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Letters of support/commitment must be included for each partner involved in the post-overdose response team process, such as the local EMS agency, emergency department, treatment provider, harm reduction organization, and any other agency that is part of this proposed strategy. The application should outline a specific protocol or plan used for post-overdose response and outreach.

8.11 ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS (EXHIBIT B-D.5)

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: providing evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison, have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities; and abstinence-based, faith-centered recovery services and other appropriate supports for individuals with OUD and co-occurring SUD/MH needs who are justice-involved, including those leaving jail or prison, recently released, on probation or parole, under community corrections supervision, or participating in re-entry programs or facilities.

8.12 NALOXONE DISTRIBUTION (EXHIBIT A.7)

Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks, such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose, or community-based organizations that provide services to people who use drugs. Programs or organizations involved in community distribution of naloxone may, in addition, provide naloxone to first responders.

8.13 EMPLOYMENT-RELATED SERVICES -INCLUDES TRANSPORTATION (EXHIBIT A.5)

Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training, job skills, job placement, interview coaching, resumé review, professional attire, relevant courses at community colleges or vocational schools, transportation services or transportation vouchers to facilitate any of these activities, or similar services or supports.

8.14 PREVENT MISUSE OF OPIOIDS (EXHIBIT B-G.1)

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: funding media campaigns to prevent opioid misuse.

9 RFA TERMS AND CONDITIONS

9.1 APPLICATIONS

applications from a single applicant do not have to be connected to the same project or strategy. Each application will be reviewed independently. Applicants may propose one or a combination of eligible activities or programs within a single strategy. **Selecting more than one activity does not increase the likelihood that the application will score higher than those who select only one. Applications should be focused, realistic, well-planned, detailed, and include planning for sustainability beyond the project period.**

9.2 RFA REVIEW AND COMPLIANCE

It shall be the applicant's responsibility to read the instructions, the County's terms and conditions, all relevant exhibits and attachments, and any other components made a part of this RFA, and to comply with all requirements and specifications herein. Applicants also are

responsible for obtaining and complying with all Addenda and other changes that may be issued in connection with this RFA.

Awarded organizations must comply with all provisions of the [North Carolina MOA](#), including financial and impact reporting, and expenditure tracking and monitoring include costs incurred no earlier than the beginning of the contract period.

9.3 AWARD OR REJECTION

All qualified applications will be evaluated and awards made to the agency/ies or organization(s) whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The Union County Board of Commissioners reserves the unqualified right to reject any or all offers if determined to be in the County's best interest. Successful applicants will be notified on or about April 20, 2026.

9.4 COST OF APPLICATION PREPARATION

Any costs incurred by an organization in preparing or submitting an application is the Applicant's sole responsibility. Union County will not reimburse any Applicant for any pre-award costs incurred.

9.5 ELABORATE APPLICATIONS

Applicants are encouraged to provide sufficient documentation to support their applications. However, elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired. No materials other than those described in Section 3, Application and Selection Processes, of this RFA will be reviewed.

9.6 NON-COLLUSION

By executing and applying, the Applicant certifies that the application is made without reference to any other application and without any agreement, understanding, collusion or combination with any other person in reference to such application.

9.7 ORAL EXPLANATIONS

Union County will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

9.8 REFERENCE TO OTHER DATA

Only information that is received in response to this RFA will be evaluated; information previously submitted will not be reviewed.

9.9 EXCEPTIONS

If a vendor desires modification of the terms and conditions of this solicitation, it is urged and cautioned to inquire during the question period, in accordance with the instructions in this RFA, about whether specific language proposed as a modification is acceptable to or will be considered by Union County. It is in Union County's sole discretion to accept or reject requested modifications and/or exceptions as an Addendum to this RFA package.

All applications are subject to the terms and conditions of this RFA, including all Addenda. All submitted applications will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations will specifically agree to the conditions set forth in the Performance Agreement (contract).

9.10 RIGHT TO SUBMITTED MATERIAL

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the Applicant will become the property of the County when received.

9.11 COMPETITIVE OFFER

Pursuant to the provisions of [G.S. 143-54](#), and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that the application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

9.12 SUBCONTRACTING

Applicants may propose to subcontract portions of work, provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime subrecipient is also required for each proposed secondary subcontractor. Applicants shall also ensure that subcontractors are not on the [state's Suspension of Funding List](#).

9.13 PROPRIETARY INFORMATION

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be marked in boldface on the title page of that section. An Applicant may not mark the entire application as "CONFIDENTIAL."

To the extent consistent with the North Carolina Public Records Act, Union County shall maintain the confidentiality of all such information marked confidential and proprietary. If a request is made to view Applicant's proprietary information, Union County will notify the Applicant of the request and of the date that such records will be released to the requester unless Applicant obtains a court order enjoining that disclosure. If Applicant fails to obtain the court order enjoining disclosure, Union County will release the requested information on the date specified.

Applicant agrees to protect, defend, indemnify and hold Union County, its officers, employees, and agents free and harmless from any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind in connection with public records requests associated with Applicant's application. Applicant agrees to investigate, handle, respond to, provide defense for, and defend the same at its sole expense and agrees to bear all other costs and expenses related thereto.

9.14 MINORITY PARTICIPATION

Pursuant to N.C.G.S. 143-48, 143-128.4 and Executive Order #13, Union County invites and encourages participation in this Request for Applications by businesses owned by minorities, women, disabled, disabled business enterprises, and non-profit work centers for the blind and severely disabled. Additional information may be found at <http://www.doa.nc.gov/hub>

9.15 REGISTRATION WITH SECRETARY OF STATE

Applicants must be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

9.16 CONTRACT

The County will issue a contract to the successful recipient(s) of the Opioid Settlement funding for specific services to be provided. Expenditures cannot begin until the County's receipt of a completely signed contract.

9.17 ASSURANCES

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

9.18 ADDITIONAL LEGAL PROVISIONS

Additional legal provisions are listed in Section 18 Additional Legal Provisions. These provisions all apply to this RFA.

10 SETTLEMENT FUNDING GUIDELINES

These guidelines shall apply to all opioid settlement funding cycle from FY2027–2031 and be embedded into **eligibility requirements, scoring criteria, contract language, and reporting expectations**. The purpose of these guidelines is to ensure that opioid settlement funds are used equitably, strategically, and in compliance with North Carolina settlement requirements.

Union County will fund organizations who:

1. Meet a public purpose and fall within Union County authority to fund per NC General Statutes, to be affirmed and reviewed by the Union County legal department prior to execution of a contract or funding agreement.
2. Identify and directly address a need related to reducing opioid overdoses and related deaths through treatment, recovery, harm reduction, and other lifesaving programs.
3. Directly address health inequities, social drivers/determinants of health, and support equitable outcomes for the most impacted populations:
 - a) Health inequities are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies.
 - b) Social drivers/determinants of health are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Example domains include economic stability, educational access and quality, health care access and quality, neighborhood and built environments, and social and community contexts;
4. Clearly describe specific plans to incorporate equity throughout the program, such as defining a role and fair compensation strategy for people with lived experience for each selected strategy.
5. Provide a plan to incorporate feedback from program participants to inform program delivery of the selected activity.
6. Utilize evidence-based or evidence-informed practices.
7. Leverage program funding from governments, foundations, providers, and individuals.

8. Prioritize funding for programs that demonstrate the ability to sustain outcomes beyond settlement funding.
9. Support a comprehensive continuum of care that includes prevention, treatment, recovery, and support services.
10. Avoid replacing or supplanting existing program funding with settlement resources.
11. Provide performance reporting regarding use of funds and project impact on a quarterly basis.
12. Include an approved budget utilizing the County's Budget Template and track and report expenditures utilizing the same form.
13. Comply with all provisions of the [NC MOA](#), including expenditure tracking and federal subrecipient monitoring including costs incurred no earlier than the beginning of the contract period.
14. Serve residents of Union County. Funding may not be used to serve residents from other counties.
15. The subrecipient / funded applicant shall attend no less than seventy-five percent (75%) of all required meetings, including bi-monthly meetings of the Union County Substance Use Disorder Taskforce; shall participate in ongoing strategic planning and system-building efforts toward sustainability as deemed appropriate by the County; shall participate in all coordinated meetings with other funded agencies, including, but not limited to, annual public meetings in May of each year; and shall participate in all required County trainings related to data collection and reporting, performance measurement, and compliance and implementation expectations.

11 MONITORING AND REPORTING REQUIREMENTS FOR FUNDING

11.1 AUDIT REQUIREMENTS

Funds received through the National Opioid Settlements are not considered to be either federal or state financial assistance. However, as noted in the [NC MOA](#), these funds are subject to G.S. Chapter 159, Article 3, the Local Government Budget and Fiscal Control Act (LGBFCA), and are subject to the audit requirements found in G.S. 159-34. Expenditures incurred are also subject to State Single Audit requirements. In accordance with the [NC MOA](#), for expenditures for which no

compliance audit is required under the Federal Single Audit Act of 1984, a compliance audit shall be required under a compliance supplement approved by the coordination group.

Please be advised that successful Applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the Applicant agency's status. It is the responsibility of each Applicant agency to determine and comply with all audit requirements.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal passthrough grant funds directly from a state agency to file annual reports on how those grant funds were used. There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

- Level 1: Less than \$25,000
- Level 2: At least \$25,000 but less than \$500,000
- Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the program budget. Audit expenses should be prorated based on the ratio of the opioid abatement grant to the total revenues received by the entity.

All successful Applicants/subrecipients must maintain, for a period of at least five years, records of opioid abatement fund expenditures and documents underlying those expenditures, so that it can be verified that funds are being or have been utilized in a consistent manner.

11.2 PERFORMANCE REPORTING

Union County is accountable to the State of North Carolina for all reporting and audit requirements related to the use of Opioid Settlement grant funds it receives. To ensure the County maintains complete supporting documentation for all eligible disbursements, all reimbursement requests must include required supporting documentation.

Subrecipients / funded Applicants must submit itemized invoices to Union County to receive reimbursement. For salary reimbursements, subrecipients / funded Applicants must submit payroll records and related documentation sufficient to substantiate the time charged to the approved program.

For each period in which the program is funded, subrecipients must submit a quarterly Performance Status Report and an Impact Story and/or Progress Report no later than the 15th day following the end of each calendar quarter. Reports must include sufficient information to describe progress, update program objectives, summarize intended and actual impacts, and provide other required performance data.

For example, quarterly reporting deadlines may be as follows:

Fiscal Year	Quarter	Reporting Period	Quarter Ends	Report Due
1st Year Reporting Cycle				
FY 2027	Q1	Jul 1 – Sep 30, 2026	Sep 30, 2026	Oct 15, 2026
FY 2027	Q2	Oct 1 – Dec 31, 2026	Dec 31, 2026	Jan 15, 2027
FY 2027	Q3	Jan 1 – Mar 31, 2027	Mar 31, 2027	Apr 15, 2027
FY 2027	Q4	Apr 1 – Jun 30, 2027	Jun 30, 2027	Jul 15, 2027
2nd Year Reporting Cycle				
FY 2028	Q1	Jul 1 – Sep 30, 2027	Sep 30, 2027	Oct 15, 2027
FY 2028	Q2	Oct 1 – Dec 31, 2027	Dec 31, 2027	Jan 15, 2028
FY 2028	Q3	Jan 1 – Mar 31, 2028	Mar 31, 2028	Apr 15, 2028
FY 2028	Q4	Apr 1 – Jun 30, 2028	Jun 30, 2028	Jul 15, 2028
3rd Year Reporting Cycle				
FY 2029	Q1	Jul 1 – Sep 30, 2028	Sep 30, 2028	Oct 15, 2028
FY 2029	Q2	Oct 1 – Dec 31, 2028	Dec 31, 2028	Jan 15, 2029
FY 2029	Q3	Jan 1 – Mar 31, 2029	Mar 31, 2029	Apr 15, 2029
FY 2029	Q4	Apr 1 – Jun 30, 2029	Jun 30, 2029	Jul 15, 2029
4th Year Reporting Cycle				
FY 2030	Q1	Jul 1 – Sep 30, 2029	Sep 30, 2029	Oct 15, 2029
FY 2030	Q2	Oct 1 – Dec 31, 2029	Dec 31, 2029	Jan 15, 2030
FY 2030	Q3	Jan 1 – Mar 31, 2030	Mar 31, 2030	Apr 15, 2030
FY 2030	Q4	Apr 1 – Jun 30, 2030	Jun 30, 2030	Jul 15, 2030

Reporting forms will be provided to successful Applicants. Suggested measures can be found [here in the NC Opioid Settlement Measures Models document](#). These measures models were designed to help local governments and their subrecipients report on process, quality, and outcome measures associated with the planning and implementation of opioid abatement strategies. They served as the foundation for developing the Impact Report Measures Workbook, which local governments use to capture strategy-specific data for Annual Impact Report. Each measures model reflects the underlying logic of one of the opioid abatement strategies listed in Exhibit A & B of the [NC MOA](#). Each model lists the strategy name and has columns for activities, process measures, quality measures, outcome measures, indicators, and a results statement. Each model also contains a list of assumptions related to the various components of the model.

11.3 REPORTING REQUIREMENTS

Union County is required to complete annual reports on the impact of funding from the [NC MOA](#). Any subrecipient will have to report their impacts to Union County as required by the NC MOA. For reference, [Exhibit E to NC MOA: Annual Financial Report](#) (modified by the NC MOA Coordination group on July 12, 2023) and [Exhibit F to NC MOA: Annual Impact Report](#) (modified by the NC MOA Coordination group on June 21, 2023) detail the annual reporting responsibilities of local government under the [NC MOA](#). Part Two of [Exhibit E](#) requires local governments to report the following for all subrecipients who received disbursements in a given fiscal year if the amount is equal to or greater than \$50,000 or 10% of the total amount disbursed by the Local Government during the fiscal year:

- The name of the subrecipient (contractor, agency, etc.)
- The amount of Opioid Settlement Funds disbursed to the sub-recipient during the fiscal year.
- A very brief description of the goods, services or other value provided by the subrecipient (for example, "addiction treatment services" or "peer-support services" or "syringe service program").

For fiscal monitoring, County staff will need to review every reimbursement request to ensure the reported costs are allowable, reasonable, and in line with the work subrecipients are contracted to carry out.

11.4 PROGRAMMATIC / IMPACT MONITORING

Mandatory reporting requirements for subrecipients to enable monitoring and assessment of their performance and to ensure proper stewardship of funds.

1. Submit the financial progress report describing progress/expenditures during the given quarter.
2. A brief success story from a person who has benefitted from the service(s)/program(s)/initiative(s) provided.
3. One or more process measures, addressing the question, "**How much did you do?**" Examples: number of persons enrolled, treated, or served; number of participants trained; units of naloxone or number of syringes distributed.
4. One or more quality measures, addressing the question, "**How well did you do it?**" Examples: percentage of clients referred to care or engaged in care; percentage of staff with certification, qualification, or lived experience; level of client or participant satisfaction shown in survey data.

5. One or more outcome measures, addressing the question, **“Is anyone better off?”** Examples: number or percentage of clients with stable housing or employment; self-reported measures of client recovery capital, such as overall well-being, healthy relationships, or ability to manage affairs; number or percentage of formerly incarcerated clients receiving community services or support within X days of leaving jail or prison.
6. In connection with the measures above, demographic information on the participation or performance of people of color and other historically marginalized groups.

11.5 PROGRAM EVALUATION & COMPLIANCE

Funded recipients must:

1. Report required performance measures as specified by the County
2. Submit evaluation plans with quarterly performance reporting, qualitative impact narratives, and annual outcome reviews.
3. Demonstrate sustainability planning, including billing readiness, workforce planning, and diversified funding.
4. Maintain partnerships and referral pathways across prevention, treatment, and recovery supports.

12 BUDGET REQUIREMENTS

Applicants must submit a budget with a line-item projection for each full year of funding and a narrative justification. The budget and narrative must adhere to the following terms.

12.1 REIMBURSEMENT BASIS

Funds will be distributed to subrecipients on the basis of reimbursement of actual expenses. No advance/startup funds will be provided to any programs/projects. Forms will be provided to successful applicants detailing reimbursement processes.

12.2 ALLOWABLE COSTS

1. Salaries, stipends, and other wages for program staff and other supporting positions who directly engage and work with the client.
2. Costs associated with program implementation, linkage to care, and participant engagement, such as offering phone cards, cell phones, application fees, and related expenses.

3. Renting equipment, such as leasing vehicles, for mobile outreach and delivery of services and mileage reimbursement.
4. Transportation-related needs through items such as bus vouchers, rideshare services, cab gift cards, gas cards, or other partnerships to support linkages to care.
5. Forms of drug checking supplies or tools for the purpose of harm reduction and overdose prevention are allowed.
6. Essential trainings and conferences related to implementing your program, including necessary travel reimbursement (e.g., mileage, lodging, and meals). Copies of training and conference agendas should be attached to invoices/receipts. Actual documented costs will be reported for reimbursement. Agencies are advised to visit the IRS website to confirm the annual mileage reimbursement rates: <https://www.irs.gov/tax-professionals/standard-mileage-rates>.
7. Subcontracts, developing memoranda of understanding (MOUs), and/or utilizing another form of demonstrated commitment with partners integral to program implementation.

12.3 FUNDING RESTRICTIONS

1. Indirect costs or “overhead” are NOT allowed under the [NC MOA](#). The MOA provides that all opioid settlement funds received by local governments must be spent on opioid remediation strategies listed in Exhibit A or Exhibit B – or on reasonable audit costs incurred by local governments in connection with opioid settlement funds. [MOA §§ B.5, E.1, E.5, F.3 and [Exhibit E](#)]
2. No more than 5% of total grant award for the budget period may be used for indirect administrative costs (e.g., utilities, accounting personnel, technology executive management). Please note that costs directly supporting the program—such as salaries for project staff and program materials—are considered direct programmatic costs and are not subject to this 5% cap.
3. Only U.S. Food and Drug Administration (FDA) approved medications may be purchased with settlement funds.
4. Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of opioid use disorder (e.g., methadone, buprenorphine products).
5. Funds may not be expended for purchasing vehicles or paying down on existing mortgages and/or other loans.
6. Funds may not be expended for capital expenses, such as vehicles, new construction, or renovation of facilities.
7. Funds may not be expended on any type of research.

8. Funds may not be expended on lobbying activities (i.e., publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body).
9. Funds may not be expended on reimbursement of any pre-award costs.

13 CRITICAL FUNDING GUIDELINES

13.1 EQUITY, ACCESS, AND STIGMA REDUCTION

Union County will fund organizations that remove stigma-related barriers and prioritize underserved populations. Applicant must:

1. Submit an Access Plan describing populations served, barriers addressed, and outreach and engagement strategies.
2. Demonstrate stigma-free, person-first practices, including staff training and client-facing materials.
3. Incorporate peer-led outreach and culturally responsive engagement whenever appropriate.

13.2 CAPACITY EXPANSION OF PROVEN SERVICES

When additional capacity is needed, Union County will prioritize expanding **existing, effective services** before launching new programs. Funding may support:

1. Staffing expansion
2. Extended hours
3. Mobile or outreach services
4. Telehealth delivery
5. Transportation assistance
6. Care navigation and coordination

13.3 APPLICANTS MUST PROVIDE EVIDENCE OF DEMAND, SUCH AS:

1. Waitlists
2. Referral backlogs
3. Geographic or population service gaps

13.4 LEVERAGING AND SUSTAINABILITY

Settlement funds will be used to catalyze and leverage additional funding, not operate as a sole or permanent funding source. Applications must:

1. Submit a Sustainability and Braided Funding plan, identifying: Medicaid or insurance billing, grants or philanthropic support, health systems, employers, or municipal contributions).
2. Use settlement dollars as match funding when allowable and strategically useful

13.5 COMPREHENSIVE CONTINUUM OF CARE

Union County will maintain a balanced investment portfolio across prevention, harm reduction, treatment, recovery, and support services. Applications must:

1. Describe referral pathways and coordination across the full continuum.
2. Demonstrate how their program connects participants to other needed services.
3. Incorporate cross-cutting supports (e.g. transportation, navigation) that improve engagement and outcomes

13.6 NON-SUPLANTATION AND FISCAL INTEGRITY

Settlement funds may not replace existing funding for the same activities. Funded applicants / subrecipients must:

1. Submit a signed non-supplantation attestation
2. Disclose all other funding sources for the same activities
3. Demonstrate that settlement funds expand capacity rather than maintain baseline operations
4. Submit annual audits or fiscal reviews to confirm compliance
5. Provide a plan for service continuation after settlement funding ends.



SELECTION PROCESSES

14 APPLICATION PROCESS & SUBMISSION INSTRUCTIONS

14.1 TIMELINE

Event	Date / Time (Eastern Time)
RFA Issued	February 20, 2026
Public Meeting	February 27, 2026
Deadline for Questions	March 4 – 5:00 PM
Responses to Questions / Addendum Posted	March 11, 2026
Applications Due Date	March 18, 2026 – 5:00 PM
Strategies selected through this process will be presented to the BoCC for consideration and adoption	May 2026
Anticipated Contract Start Date (Phase II FY 27-2031)	July 1, 2026

15 SUBMISSION INSTRUCTIONS

15.1 APPLICATION SUBMISSION

All Applications are to be received electronically by the Union County Procurement Department no later than **March 18, 2026, at 5:00 PM Local Time**, per the instructions below. Any applications received after this date and time shall be rejected without exception.

Separate applications are required for each different strategy proposal submitted by a single Applicant organization. The original application must contain all requested information with signature completed by the Applicant's authorized representative.

Each application should be submitted as two attachments:

1. One consolidated PDF document that includes all materials except the budget.
 - a) This file should follow the naming convention, "ApplicantName_opioidRFA_Strategy#.pdf."
 - For example, this might read, "ABCHospital_opioidRFA_StrategyA.6.pdf"
2. One Budget worksheet as an Excel file.
 - a) This file should follow the naming convention, "ApplicantName_budget_Strategy#.xlsx"
 - For example, this might read, "ABCHospital_budget_Strategy6.xlsx"

If you submit more than one application, reviewers should be able to distinguish between the files you submit based on the strategy number in the naming conventions.

Applications must be submitted electronically using the following link:

<https://lfportal.unioncountync.gov/Forms/procurementsubmit>. The application must be signed by a person who is authorized to bind the Applicant. Instructions for preparing the application are provided herein.

Select the solicitation drop down arrow and choose this RFA from the list. Complete the form, upload your application as instructed in this RFA, and select submit. The maximum size accepted is 30 MB. A delivery notification email, from LF-Forms@co.union.nc.us, will be sent as your confirmation of receipt.

Paper submissions and/or email submissions will not be accepted.

There is no expressed or implied obligation for Union County to reimburse for any expenses incurred in preparing applications in response to this request.

15.2 FORMAT

15.2.1 FORM OF APPLICATION

Each application **must** be submitted on the application form provided by Union County which will be incorporated into a successful agency's Performance

Agreement. Additional pages can be inserted if necessary for the narrative sections. Use appropriate headings for each section.

15.2.2 SPACE ALLOWANCE

The page limit for the Project Narrative section is 10 pages. Responses should be single spaced, Calibri size 11 font. This limit does not include the Application Summary, the budget with narrative, letters of commitment, or signed certifications. Page limit suggestions for each sub-section of the Project Narrative are provided in the application worksheet for each section of the application.

16 APPLICATION CONTENT

The following sections should be submitted as one PDF file. The Application Summary, Project Narrative, and Certifications should be completed in the application form provided by Union County. Additional required documentation should be incorporated at the end of the same PDF.

16.1 APPLICATION SUMMARY – MAXIMUM 300 WORDS

Provide a brief (no more than 300 words) overview of the planned project. The summary must include a purpose statement describing how the application will address the needs of people who use drugs in the community, with particular considerations for historically marginalized populations. The Application Summary does **not** count toward the page limit for the Project Narrative.

16.2 PROJECT NARRATIVE – REQUIRED, SCORED OUT OF 100 POINTS TOTAL

The page limit for the Project Narrative section is 15 pages total. Suggested page limits are listed beside each section of the Project Narrative below and in the accompanying application. This limit applies **only** to the Project Narrative section. Be as **specific as possible** in the Project Narrative section. This will be the basis for evaluating applications and monitoring the selected organization's performance.

16.3 ASSESSMENT OF COMMUNITY NEED – SUGGESTED PAGE LIMIT: 1 ½ PAGES

1. List the geographic area to be served by the proposed project and the overdose burden in that area according to DHHS poisoning data (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>).
2. Provide any pertinent and/or necessary information as it relates to the need for this work in your community. Identify any gaps in services you intend to address by identifying and/or defining current programs/providers.

3. Describe the needs of the priority population that this application will serve and how those needs were determined (e.g., focus groups, survey, patient engagement).

16.4 PROJECT DESCRIPTION AND PROGRAM SUSTAINABILITY – SUGGESTED PAGE LIMIT: 2 ½ PAGES

Clearly identify which implementation strategy from the NC MOA's Option A list of eligible strategies are included in the application, including the number (e.g., "Strategy 2: Evidence-Based Addiction Treatment"). Only one eligible strategy may be selected for each application.

1. **Describe the proposed project in detail, including:**

- a) Project activities and evidence about their effectiveness for the priority population.

- b) Plans to incorporate feedback from program participants to inform delivery of the selected activity or activities.

How the project will address identified community needs and/or service gaps.

- c) The project's expected impact on preventing opioid overdose, increasing access and linkages to care for the most marginalized and underserved populations; and

- d) How the project will build local infrastructure to respond to the opioid overdose crisis.

2. Explain how you will engage or have already engaged the priority population in developing this proposed project.

3. Detail how this project will advance your organization's goals.

4. Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g., hiring staff or subcontractors, purchasing supplies, establishing policies and protocols, enrolling participants, etc.), including who is responsible for associated activities.

5. Explain how the project will increase the capacity of your organization or your community over time to address opioid use disorder. **Note that applications must describe how they will plan for enhancements, improvements, or increases achieved during the project year to be sustained past the funding secured during the project period.**

6. Describe obstacles that may affect your organization's ability to sustain this program after the project cycle and potential solutions to identified challenges.
7. Detail any other funding sources that will be used toward this project.
8. Omissions and incomplete answers may be deemed unresponsive.

16.5 EQUITY IMPACT – SUGGESTED PAGE LIMIT: ¾ PAGE

1. Describe how the proposed project addresses health inequities and/or social determinants of health (transportation, housing, employment, etc.) directly or through collaboration with other agencies.
2. Describe how the proposed project reaches, benefits, and equitably engages historically marginalized populations and addresses the needs of the uninsured and underinsured.
3. Submit an Access Plan describing populations served, barriers addressed, and outreach and engagement strategies.
4. Demonstrate stigma-free, person-first practices, including staff training and client-facing materials.
5. Incorporate peer-led outreach and culturally responsive engagement whenever appropriate.

16.6 ORGANIZATIONAL READINESS – SUGGESTED PAGE LIMIT: 2 PAGES

1. Describe the capacity of the fiscal agent/organization that will take total responsibility for the fiscal, reporting, and grant-related compliance requirements to manage grants and comply with financial and monitoring requirements.
2. If applicable, identify any proposed subcontractors and their role on the proposed project. If the specific subcontractor is not yet identified, describe how the subcontractor will be selected.
3. Provide specific examples of the organization's or partnership/collaboration of multiple organizations' capacity to deliver information in a culturally humble, sensitive, and appropriate manner. The Applicant must demonstrate an understanding of issues specifically affecting people who use drugs (PWUD) and/or other intersecting historically marginalized populations. A successful Applicant will have staff and/or volunteers with diverse backgrounds who are sensitive to drug user health issues.
 - a) If applicable, provide specific examples of how any identified subcontractors demonstrate these capacities.

4. Describe your organizations or partnership/collaboration of multiple organizations' history promoting the health and dignity of individuals and communities impacted by drug use or your plans to incorporate this mission into your core activities and how your organization will be delivering program activities in a culturally appropriate manner.
 - a) If applicable, provide specific examples of how any identified subcontractors demonstrate these capacities.
5. If applicable, highlight whether your organization or partnership/collaboration of multiple organizations and/or any proposed subcontractors serve the following prioritized groups:
 1. Those experiencing homelessness and/or housing instability,
 2. Black, Indigenous, and People of Color (BIPOC),
 3. Federal or NC recognized tribal communities, and/or
 4. Those transitioning from correctional settings to the community.

16.7 EVIDENCE OF COLLABORATIONS / PARTNERSHIPS – SUGGESTED PAGE LIMIT: 1 ¼ PAGES

1. Describe how you will collaborate on this project or initiative with other relevant organizations in your community and how this project will improve collaboration between local stakeholders and/or engage new ones.
2. Describe how you will verify that projects or services are not being duplicated in the community and with the population served.

16.8 PERFORMANCE MEASURES AND PROGRAM EVALUATION – SUGGESTED PAGE LIMIT: 1 PAGE

1. Detail how you will evaluate your project.
2. Describe how you will engage the priority population in the design and implementation of the evaluation of this project.
3. Recipients providing direct services will be required to report client-level data on elements including but not limited to demographic characteristics, substance use, diagnosis(es), services received, and types of medications for opioid use disorder received. Explain how you will capture this data.
4. Explain how you will monitor the project and capture metrics for each of the supported strategies included in your project. You may wish to include metrics in a table format. Consult suggested metrics provided below:

16.9 BUDGET AND BUDGET NARRATIVE

Use the [Budget Worksheet](#) to document your anticipated program budget, including line-item calculations and a budget narrative. The budget and budget narrative must comply with the budget requirements listed in Section 11 Budget Requirements.

The budget will not be scored, but if it is incomplete or does not appropriately support the proposed project, up to 5 points will be deducted from the total score.

16.10 LETTERS OF COMMITMENT AND/OR SUPPORT

Letters of commitment must be included from any agency or community organization integral to the success of proposed activities. Additional letters of support that are relevant and descriptive will strengthen applications. Each key partner referenced in the application narrative and/or the budget should have an accompanying letter of commitment/support to demonstrate evidence of collaboration. The partnership highlighted in the letter of commitment/support should also be reflected in the application narrative. Letters of commitment/support will not be scored, but they will be considered in connection with the scored Evidence of Collaborations/Partnerships section of the Project Narrative.

Letters must be included with each application as an appendix and will not count toward the narrative page limit. Do not have letters sent separately to Union County. Letters sent separately from applications will not be read by reviewers.

The following are required letters of support/commitment:

- From each partner involved in the post-overdose response team process for organizations applying to **Strategy 8: Post-Overdose Response Teams**.

16.11 LATEST AUDITED FINANCIAL STATEMENTS

Provide a copy of your latest audited financial statement, including Management Letter. If you are unable to provide an audited financial statement, please attach a written explanation.

16.12 DOCUMENTATION OF TAX IDENTIFICATION NUMBER

All applicants are required to include Tax Identification (TIN) documentation. Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status in accordance with the instructions in Section 12.5 and 22.2 below.

16.13 FOR NON-PROFIT AGENCIES ONLY:

1. IRS Determination Letter: provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section

501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address. This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number (TIN).

2. Verification of 501(c)(3) Status Form: If applicable, an Authorized Representative must annually submit verification that the organization remains a qualified 501(c)(3) tax-exempt organization.
3. Copy of Form 990 Federal Tax return filed for latest fiscal year.
4. Agency organizational chart.
5. Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations.
6. A completed and signed statement which includes a copy of the Agency's adopted Code of Ethics.
7. A copy of the Agency's Articles of Incorporation and Bylaws (if applicable).

Note for non-profit Applicants which are awarded funding through this RFA: If, during the project period, the recipient agency has any changes to its 501(c)(3) status, it must notify Union County **immediately**.

16.14 CERTIFICATIONS AND REQUIRED FORMS – REQUIRED, NOT SCORED

See the Application Form provided by Union County for all required forms and signatures. Please note that some forms require signatures from Board Chairs/Elected Officials, and two require notarization.

17 APPLICATION CHECKLIST

The following checklist is for your reference only as you prepare your applications.

- One PDF file that includes all the following components:
- Completed application, including the following:
 1. Application Summary
 2. Project Narrative
 - a. Assessment of Community Need
 - b. Needs Description
 3. Project Description and Program Sustainability

4. Equity Impact
5. Organizational Readiness
6. Evidence of Collaboration / Partnerships
7. Performance Measures and Program Evaluation
8. Project Budget (Excel Document)

(Only if you are applying for this Strategy): Fill out additional requirements - questions for Post Overdose Response (PORT) Strategy (Exhibit A.8 Strategy)

Letters of Commitment and/or Letters of Support

Latest audited financial statement with Management Letter or, if no such statement is available, a written statement explaining why not

Documentation of Tax Identification Number

For non-profit agencies only:

1. IRS Determination Letter
2. Copy of Form 990 Federal Tax return filed for latest fiscal year
3. Agency organizational chart
4. Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations
5. A completed and signed statement which includes a copy of the Agency's adopted Code of Ethics
6. A copy of the Agency's Articles of Incorporation and Bylaws (if applicable)

Application Forms:

A. Signed Application Certification (included in Application Form)

B. Signed Verification of 501(c)(3) Status Form (included in Application Form)

C. Signed Certification of No Overdue Tax Debts (requires notarization) (included in Application Form)

D. Signed Code of Conduct Policy (included in Application Form)

E. Signed Conflict of Interest Policy (included in Application Form)

F. Signed E-Verify Form (requires notarization) (included in Application Form)

G. Individuals Authorized to Submit Forms (included in Application Form)

- One Excel file** that contains completed [budget worksheet](#) with narrative justification
- Appendix A – Application Submission Form
- Appendix B – Addendum and Anti-Collusion Form

18 APPLICATION EVALUATION PROCESS AND CRITERIA

18.1 INITIAL SCREENING FOR ELIGIBILITY AND COMPLETENESS

Union County staff will screen all applications to ensure they are complete (i.e., they include all the required information and documentation), that they are eligible, and that they have complied with basic RFA requirements such as selecting only one eligible Option A strategy per application. Incomplete and/or ineligible applications will not be reviewed further.

18.2 REVIEWER SCORING

At least three reviewers who have experience or expertise with opioid overdose prevention, treatment, and/or harm reduction will score each application using the scoring criteria in Section 15.7 below. Reviewers may or may not leave comments in addition to their scores.

All reviewers will be asked if they have conflicts of interest with any applicants; reviewers will not be assigned to review an application for which they have a conflict of interest.

18.3 REQUEST FOR ADDITIONAL INFORMATION

At their option, the application reviewers may request additional information from any or all Applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, Applicants are cautioned that reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the Applicant.

18.4 ADDRESSING SCORING DISCREPANCIES

Union County staff will compile scores for each application and identify any scoring discrepancies, such as a large range of scores on one application, a high or low outlier score, and significantly harsh or lenient review patterns. A review committee call will be convened about any application for which there is a discrepancy. All reviewers who scored such an application will discuss their scores with each other and will have an opportunity to revise and resubmit their scores.

Union County staff retain the right to exclude or adjust scores under certain circumstances. Examples of these circumstances include:

- a.** The ability to exclude a reviewer's score for one or more applications if, for instance, the scores are or appear to be influenced by illegal discrimination,

- b. The ability to adjust a reviewer or review committee’s scores up or down uniformly across the applications reviewed based on patterns of harshness or lenience, or
- c. The ability to exclude a reviewer’s score if the scores they submitted are incomplete.

18.5 RECOMMENDATIONS TO BOARD OF COUNTY COMMISSIONERS

Based on applications’ average scores after reviewer revisions and any applicable government employee exclusions, Union County staff will make a recommendation to the Board of County Commissioners about which applications should be funded. Funding, if awarded, will be awarded to the highest scoring applications. Union County reserves the right not to fund any applications.

18.6 FINAL SCORE SHARING

Union County staff will share each Applicant’s final scores and any de-identified reviewer comments their application received. This will occur after awards, if any, are finalized and publicly announced.

18.7 APPLICATION SCORING CRITERIA

Applications will be scored based on the responses to the application content areas in the chart below. Each content area shall be scored on a scale of 1-4 based on the scale below:

1.	POOR	Applicant only marginally addressed the application area
2.	AVERAGE	Applicant adequately addressed the application area
3.	GOOD	Applicant did a thorough job of addressing the application area
4.	EXCELLENT	Applicant provided a superior response to the application area

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. The following represents the evaluation criteria and relative importance of each criterion (criteria weight):

Evaluation Criteria	Score Distribution	Weight
1. Application Summary:		10%
2. Assessment of Need a. Clear and appropriate geographic area to be served b. Clear statement of needs and gaps in services c. Thorough description of priority populations that is well supported by evidence		15%
3. Project Description and Sustainability a. Exactly one of the eligible Option A strategies is selected, and proposed project clearly supports the identified strategy		15%

<ul style="list-style-type: none"> b. Well-planned project that is likely to lead to the intended opioid-related impacts based on the evidence base about strategy and/or activity effectiveness for the prioritized population c. Clear and appropriate plans to incorporate feedback from program participants to inform program delivery d. Intended impacts of project will likely meet community needs/service gaps e. Applicant has engaged or will engage the priority population meaningfully in developing the proposed project f. Proposed project fits applicant's organizational goals well g. Project timelines are achievable and adequate to make intended impacts h. Clear and appropriate plans for project sustainability 		
<p>4. Equity Impact</p> <ul style="list-style-type: none"> a. Project is likely to improve health inequities and/or social determinants of health b. Project is likely to reach, benefit, and equitably engage historically marginalized populations and uninsured and underinsured people 		10%
<p>5. Organizational Readiness</p> <ul style="list-style-type: none"> a. Applicant demonstrates the skills and capacity needed to manage the funding award and meet reporting and compliance requirements. b. Subcontractors are clearly identified, if applicable, and will enhance the success of the project c. Applicant (team) has demonstrated the capacity to conduct culturally humble, sensitive, and appropriate work d. Applicant (team) has demonstrated clear understanding of issues that affect people who use drugs e. Applicant (team) has demonstrated experience and/or clear and adequate plans for promoting the health and dignity of people and communities impacted by drug use f. Applicant (team) has demonstrated experience serving those experiencing homelessness and housing instability; Black, Indigenous, and People of Color; federal or NC recognized tribal communities, and/or those transitioning from correctional settings to the community 		15%
<p>6. Evidence of Collaborations/Partnerships, Letters of Commitment/Support</p> <ul style="list-style-type: none"> a. Clear plan to collaborate with other relevant community organizations that is likely to improve collaboration between local stakeholders b. Clear plan to verify that projects or services are not being duplicated in the community and with the population served c. Letters of commitment/support are present from all key project partners and match partners' proposed roles in the project 		5%
<p>7. Performance Measures and Program Evaluation</p> <ul style="list-style-type: none"> a. Specific, achievable plans for program evaluation that will yield meaningful assessment of project's success b. Clear and appropriate plans to engage priority population in evaluation design and implementation c. Clear and appropriate plans to capture client data (if applicable) and proposed metrics, and to monitor project progress on a regular basis 		15%
<p>8. Project Budget: If budget is incomplete and/or does not appropriately support the proposed project, deduct up to 5 points</p>		15%
<p>Total</p>	0-100 points	

19 AWARD PROCEDURE

1. The County reserves the right to make an award without further discussion of the applications received. Therefore, it is important that the application be submitted initially on the most favorable terms. It is understood that any application submitted will become part of the public record.
2. The County reserves the right to award to multiple Applicants.
3. Union County (UC) reserves the right to reject any or all applications, to waive technicalities, and to make such selections deemed in its best interest.
4. An application may be rejected if it is incomplete. Union County may reject any or all applications and may waive any immaterial deviation in an application.
5. The County may accept those applications that best serve its needs, as determined by County officials in their sole discretion.
6. The award document will be a Contract incorporating, by reference, all the requirements, terms and conditions of the solicitation and the Applicant's application as negotiated.

20 ADDITIONAL LEGAL PROVISIONS

20.1 DEVIATIONS

Union County reserves the right to allow or disallow minor deviations or technicalities should Union County deem it to be the best interests of Union County. Union County shall be the sole judge of what is to be considered a minor deviation or technicality.

20.2 INDEMNITY

Applicant shall indemnify and hold Union County, its agents and employees, harmless against any and all claims, demands, causes of action, or other liability, including attorney fees, on account of personal injuries or death or on account of property damages arising out of or relating to the work to be performed by Applicant hereunder, resulting from the negligence of or the willful act or omission of Applicant, agents, employees and subcontractors.

20.3 RESPONSIBILITY OF COMPLIANCE WITH LEGAL REQUIREMENTS

The Applicant's products, service and facilities shall be in full compliance with any and all applicable state, federal, local, environmental and safety laws, regulations, ordinances and standards or any standards adopted by nationally recognized testing facilities regardless of whether or not they are referred to in the application documents.

20.4 ADVERTISING

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of Union County.

20.5 INSURANCE

Upon award, the Applicant may be asked to provide proof of commercial insurance with, at a minimum, the following coverage and limits:

- a. **Workers' Compensation** – The Agency shall provide and maintain Worker's Compensation insurance, as required by the laws of the State of North Carolina, as well as employer's liability coverage with minimum limits of \$1,000,000 for bodily injury per accident. This insurance must cover all of Agency's employees who are engaged in any work under this Contract.
- b. **General Liability** – The Agency shall provide and maintain General Liability Coverage at a minimum of \$1,000,000 per occurrence for bodily injury, personal injury, and property damage. Non-owned vehicle coverage may be included in General Liability Coverage with proof of a minimum combined single limit of \$1,000,000 bodily injury and property damage; \$1,000,000 uninsured/under-insured motorist; and \$1,000,000 medical payment.
- c. **Automobile Liability** – The Agency shall provide and maintain Automobile Liability Insurance covering all owned, hired, and non-owned vehicles used in connection with this Contract. The minimum combined single limit shall be \$1,000,000 bodily injury and property damage; \$1,000,000 uninsured/under-insured motorist; and \$1,000,000 medical payment.

20.6 EXCEPTION TO THE RFA

An "exception" is defined as the Applicant's inability or unwillingness to meet a term, condition, specification, or requirement in the manner specified in the RFA. All exceptions taken must be identified and explained in writing and must specifically reference the relevant section(s) of this RFA. Other than exceptions that are stated in compliance with this Section, each application shall be deemed to agree to comply with all terms, conditions, specifications, and requirements of this RFA. If the Applicant provides an alternate solution when taking an exception to a requirement, the benefits of this alternate solution and impact, if any, on any part of the remainder of the Applicant's solution, must be described in detail.

20.7 MODIFICATION OR WITHDRAWAL OF APPLICATION

Prior to the scheduled closing time for receiving applications, any Applicant may withdraw their application. After the scheduled closing time for receiving applications, no application

may be withdrawn for 120 days. Only written requests for the modification or correction of a previously submitted application that are addressed in the same manner as applications and are received by the County prior to the closing time for receiving applications will be accepted.

20.8 EQUAL EMPLOYMENT OPPORTUNITY

All Applicants will be required to follow Federal Equal Employment Opportunity (EEO) policies. Union County will affirmatively assure that on any project constructed pursuant to this advertisement, equal employment opportunity will be offered to all persons without regard to race, color, creed, religion, national origin, sex, and marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age.

20.9 MINORITY AND SMALL BUSINESS PARTICIPATION PLAN

It is the policy of Union County that Minority Businesses (MBEs), Disadvantaged Business Enterprises (DBEs) and other small businesses shall have the opportunity to compete fairly in contracts financed as a whole or in part with public funds. Consistent with this policy, Union County will not allow any person or business to be excluded from participation in, denied the benefits of, or otherwise be discriminated against in connection with the award and performance of any contract because of sex, race, religion, or national origin.

20.10 LICENSES

The selected Applicant(s) shall have and maintain a valid and appropriate business license (if applicable), meet all local, state, and federal codes, and have current all required local, state, and federal licenses.

20.11 E-VERIFY

E-Verify is the federal program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program, used to verify the work authorization of newly hired employees pursuant to federal law. Applicant shall ensure that Applicant and any subcontractor performing work under this contract: (a) uses E-Verify if required to do so under North Carolina law; and (ii) otherwise complies with applicable law.

20.12 DRUG-FREE WORKPLACE

During the performance of this Request, the Applicant agrees to provide a drug-free workplace for their employees; post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the workplace and specify the actions that will be taken against employees for

violations of such prohibition; and state in all solicitations or advertisements for employees placed by or on behalf of the firm that the Applicant maintains a drug-free workplace.

For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a Service Provider/Firm in accordance with this chapter, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the Request.

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20 RFA APPLICATION FORM

OPIOID ABATEMENT STRATEGIES

21 Funding Application Form

APPLICANT AGENCY: GENERAL INFORMATION				
Legal Name	Click or tap here to enter text.			
Address	Click or tap here to enter text.			
Type of Agency (check one)	<input type="checkbox"/> Government/ Public Authority	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For-Profit Business	
Telephone	Click or tap here to enter text.			
Website	Click or tap here to enter text.			
Primary Contact Full Name	Click or tap here to enter text.			
Title	Click or tap here to enter text.			
Email	Click or tap here to enter text.			
Telephone	Click or tap here to enter text.			
Name of Project	Click or tap here to enter text.			
Total Application Funding Requested		\$ Click or tap here to enter text.		
Funding Period Requested (MM/DD/YYYY)	Start Date	Click or tap here to enter text.	End Date	Click or tap here to enter text.
Selected NC MOA Option A Strategy (Number and Name)		Click or tap here to enter text.		

Agency Mission and Vision Statements	Click or tap here to enter text.
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* As a separate Excel file, submit a completed [Budget Worksheet](#).

APPLICATION SUMMARY (no more than 300 words, required but not scored)

Delete the following prompts to make room for your response.

Provide a brief (no more than 300 words) overview of the planned project. Summary must include a purpose statement describing how your application will address the needs of people who use drugs in the community with particular considerations for historically marginalized populations.

Click or tap here to enter text.

1. Project Narrative

a. Assessment of Community Need (page limit: 1 ½ pages)

Delete the following prompts to make room for your response.

- *List the geographic area to be served by the proposed project and the overdose burden in that area*
- *Provide any pertinent and/or necessary information as it relates to the need for this work in your community. Identify any gaps in services you intend to address by identifying and/or defining current programs/providers.*

b. Describe the needs of the priority population that this application will serve and how those needs were determined (e.g., focus groups, survey, patient engagement).

- <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>
- <https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>
- <https://nc211.org/data/>
- <https://medicaid.ncdhhs.gov/reports/dashboards#annual>

Click or tap here to enter text.

3. Project Description and Program Sustainability (suggested page limit: 3 pages)

Delete the following prompts to make room for your response.

- Clearly identify which implementation strategy from the NC MOA's Option A list of eligible strategies are included in the application, including the number (e.g., "Strategy 2: Evidence-Based Addiction Treatment"). **Only one eligible strategy may be selected for each application.**
- Describe the proposed project in detail, including its expected impact on preventing opioid overdose, increasing access and linkages to care for the most marginalized and underserved populations, and building local infrastructure to respond to the opioid overdose crisis.
- Explain how you will engage or have already engaged the priority population in developing this proposed project.
- Detail how this project will advance your organization's goals.
- Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g., hiring staff or subcontractors, purchasing supplies, establishing policies and protocols, enrolling participants, etc.) including who is responsible for associated activities.
- Explain how the project will increase the capacity of your organization or your community over time to address opioid use disorder. **Note that applications must describe how they will plan for enhancements, improvements, or increases achieved during the project year to be sustained past the funding secured during the project period.**
- Describe obstacles that may affect your organization's ability to sustain this program after the project cycle and potential solutions to identified challenges.
- Detail any other funding sources that will be used towards this project.

Click or tap here to enter text.

4. Equity Impact (suggested page limit: ¾ page)

Delete the following prompts to make room for your response.

- Describe how the proposed project addresses health inequities and reaches historically marginalized populations. Additionally, describe how the proposed

project addresses the needs of the uninsured and underinsured. Finally, describe how the proposed project will address social determinants of health (transportation, housing, employment, etc.) directly or through collaboration with other agencies.

Click or tap here to enter text.

5. Organizational Readiness (suggested page limit: 2 pages)

Delete the following prompts to make room for your response.

- *Describe the capacity of the fiscal agent/organization that will take total responsibility for the fiscal, reporting, and grant-related compliance requirements to manage grants and comply with financial and monitoring requirements.*
- *If applicable, identify any proposed subcontractors and their role on the proposed project. If the specific subcontractor is not yet identified, describe how the subcontractor will be selected.*
- *Provide specific examples of the organization's or partnership/collaboration of multiple organizations' capacity to deliver information in a culturally humble, sensitive, and appropriate manner. The Applicant must demonstrate an understanding of issues specifically affecting people who use drugs (PWUD) and/or other intersecting historically marginalized populations. A successful applicant will have staff and/or volunteers with diverse backgrounds who are sensitive to drug user health issues.*
 - *If applicable, provide specific examples of how any identified subcontractors demonstrate these capacities.*
- *Describe your organization's or partnership/collaboration of multiple organizations' history promoting the health and dignity of individuals and communities impacted by drug use or your plans to incorporate this mission into your core activities and how your organization will be delivering program activities in a culturally appropriate manner.*
 - *If applicable, provide specific examples of how any identified subcontractors demonstrate these capacities.*
- *If applicable, highlight if your organization or partnership/collaboration of multiple organizations and/or any proposed subcontractors serve the following prioritized groups:*
 - *Those experiencing homelessness and housing instability,*
 - *Black, Indigenous, and People of Color (BIPOC),*
 - *Federal or NC recognized tribal communities, and/or*
 - *Those transitioning from correctional settings to the community.*

Click or tap here to enter text.

6. Evidence of Collaborations/Partnerships (suggested page limit: 1 ¼ pages)

Delete the following prompts to make room for your response.

- *Describe how you will collaborate on this project or initiative with other relevant organizations in your community and how this project will improve collaboration between local stakeholders and/or engage new ones.*
- *Describe how you will verify that projects or services are not being duplicated in the community and with the population served.*

Click or tap here to enter text.

7. Performance Measures and Program Evaluation (suggested page limit: 1 page)

Delete the following prompts to make room for your response.

- *Detail how you will evaluate your project.*
- *Describe how you will engage the priority population in the design and implementation of the evaluation of this project.*
- *Recipients providing direct services will be required to report client-level data on elements including but not limited to demographic characteristics, substance use, diagnosis(es), services received, and types of medications for opioid use disorder received. Explain how you will capture this data. (See <https://nctopps.ncdmh.net/dev/gettingstartedwithnctopps.asp> for a suggested tool.)*
- *Explain how you will monitor the project and capture metrics for each of the supported strategies included in your project. You may wish to include metrics in a table format.*

Click or tap here to enter text.

Include in the same PDF document as this form, after the Certifications section below, the following required documents. If an item is not applicable to your organization, please indicate this by an "N/A" and explain why it is not applicable.

8. Letters of Commitment and/or Support

9. Latest Audited Financial Statements, including Management letter (Attach letter of explanation if unable to provide)

10. Documentation of Tax Identification Number (can be IRS Determination Letter for non-profit agencies)

11. For non-profit agencies only:

- a. IRS Determination Letter: provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address. This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number (TIN).
- b. Verification of 501(c)(3) Status Form: If applicable, an Authorized Representative must annually submit verification that the organization remains a qualified 501(c)(3) tax-exempt organization.
- c. Copy of Form 990 Federal Tax return filed for latest fiscal year.
- d. Agency organizational chart.
- e. Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations.
- f. A completed and signed statement which includes a copy of the Agency's adopted Code of Ethics.
- g. A copy of the Agency's Articles of Incorporation and Bylaws (if applicable).

Insert/Attach these required documents here.

Additional requirements/questions for Post-Overdose Response Team (PORT) Applicants (Exhibit A.8 Strategy)

Please refer to the [NC Post-Overdose Response Team Toolkit](#) and the [FY2027-FY2030 Union County Opioid Response Plan](#) for additional information.

Develop community-based organizations that have experience working with people directly impacted by drug use to prevent repeat overdose and connect those who have had a non-fatal overdose to care. Although the response to the overdose event is expected to be prompt, applications should indicate how initial interactions with people who have overdosed constitute the beginning of a supportive and ongoing relationship (e.g., light-touch case management). The parameters of these relationships should be dictated by the participant/person who has overdosed.

Letters of support/commitment must be included for each partner involved in the post-overdose response team process, such as the local EMS agency, emergency department, treatment provider, harm reduction organization, and any other agency that is part of this proposed strategy. The application should outline a specific protocol or plan used for post-overdose response and outreach.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the [NC MOA](#) may also be proposed in your application:

- A.** Meaningful involvement of people with lived experience (such as people with addiction, people who use drugs, people in medication-assisted or other treatment, people in recovery, people with criminal justice involvement, and family members or loved ones of the individuals just listed) and other harm reduction specialists. This involvement might look like being a key member of the response team and/or informing protocol development.

Click or tap here to enter text.

- B.** Follow-up processes with patients who have experienced an overdose within 72 hours of the non-fatal overdose event, including the following details:
 - I.** What happens following an overdose reversal? Provide a timeline of events from how the initial referrals are made to the team (e.g., first responders, emergency departments) leading up to and including making the first initial contact. Explain who is responsible for what action and from what agency.

- II. How will the referral process work? Please describe how referrals to harm reduction services (refer to NC Safer Syringe Initiative for partners in your area), Substance Use Disorder or Mental Health (SUD/MH) providers (including MOUD/MAT options), and other services will be made. Be sure to include names and contact information of these services/providers.
- III. How will your team ensure that treatment options and referrals are being presented to people who have overdosed in an unbiased, non-coercive, and nonjudgmental way?
- IV. What factors determine how often follow-up visits are conducted? What will be the default suggestion?
- V. Who will conduct the follow-up visits and what protocol will they follow on these visits?
- VI. What parameters will dictate discontinuing services and/or disengaging with program participants?

Click or tap here to enter text.

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22 APPLICATION FORMS

22.1 APPLICATION CERTIFICATION

I have reviewed this application for accuracy.

I understand that Opioid Abatement funds are intended to address specific remediation activities as identified under the [NC Memorandum of Agreement](#) (MOA) for the Opioid Settlement Funds.

I understand that these opioid settlement funds are subject to State laws and regulations, and I have read the MOA and agree to the requirements.

I certify that the requested funds will be used in compliance with these requirements and with all requirements outlined in the Union County Opioid Abatement Strategies RFA.

I agree to submit invoices and other relevant documentation to Union County to pay or be reimbursed, as well as quarterly status reports and impact stories.

I understand that Union County requires audited financial statements for each year that opioid settlement funding is provided to my organization, and that the County may monitor the program during the award period.

Agency Authorized Official (print name)	Click or tap here to enter text.
Signature	
Title	Click or tap here to enter text.
Date	Click or tap here to enter text.

Board Chair/Elected Official (print name)	Click or tap here to enter text.
Signature	
Title	Click or tap here to enter text.
Date	Click or tap here to enter text.

22.2 **NON-PROFIT AGENCIES ONLY: VERIFICATION OF 501(C)(3) STATUS FORM**

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of (Printed Name)

(Title) _____ ("Organization"), and by that authority duly

(Legal Name of Organization)

given and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the ____ day of _____, 20____.

(Signature)

22.3 CERTIFICATION OF NO OVERDUE TAX DEBTS

Date of Certification MM/DD/YYYY

Certification:

We certify that [ORGANIZATION NAME] does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S.) 143C-10-1b.

Sworn Statement:

[Name of Board Chair] and [Name of Second Authorizing Official] being duly sworn, say that we are the Board Chair and [Title of the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name of State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Board Chair Signature

[TITLE OF SECOND AUTHORIZING OFFICIAL]

Sworn to and subscribed before me on the day of the date of said certification.

_____ My Commission Expires: _____

(Notary Signature and Seal)

¹ G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

22.4 CODE OF CONDUCT POLICY

Each recipient of award shall maintain a written Code of Standards of Conduct which shall govern the performance of its officers, employees or agents in contracting with and/or expending Older Americans Act funds and State appropriations.

The recipient Agency's officers, employees or agents shall neither solicit nor accept gratuities, favors or anything of monetary value from contractors or potential contractors. To the extent permissible under state or local laws, rules or regulations, such standards shall provide for appropriate penalties, sanctions, or other disciplinary actions to be applied for violations of such standards either by the officers, employees or agents of the recipient Agency or by contractors or their agents.

Awards will be made only to responsible Agency(ies) possessing the ability to perform successfully under the terms and conditions of a proposed procurement. Consideration will be given to such matters as Agency's integrity, compliance with public policy, record of past performance, and financial and technical resources.

I have read and fully understand the context of the information above.

Authorized Official Signature

Date

Title

22.5 CONFLICT OF INTEREST POLICY

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

- a. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential subrecipient/funded applicant, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising activities.
- b. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.
- c. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:
 1. The Board member or other governing person, officer, employee, or agent;
 2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
 3. An organization in which any of the above is an officer, director, or employee;
 4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

- d. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

- e. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, they shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

I have read and fully understand the context of the information above.

Authorized Official Signature	Title	Date

22.6 APPENDIX E: E-VERIFY

STATE OF NORTH CAROLINA AFFIDAVIT

COUNTY OF Union County

I,(the individual attesting below), being duly authorized by and on behalf of(the entity contracting with Union County hereinafter "Employer") after first being duly sworn hereby swears or affirms as follows:

- 1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, if employing 25 or more employees in this State, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (Mark Yes or No)
a. YES [] or b. NO []
4. Employer's subcontractors comply with E-Verify, and Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer during the term of its contract with Union County.

Thisday of, 20.....

Signature of Affiant Print or Type Name

NORTH CAROLINA NOTARY ACKNOWLEDGEMENT

THE STATE OF NORTH CAROLINA, COUNTY OF

Signed and sworn to (or affirmed) before me, thisday of, 20....

My Commission Expires: Notary Public,

Notary Public Signature: [Official Seal]

22.7 AUTHORIZATION FOR INDIVIDUALS TO SIGN CONTRACTS AND SUBMIT REPORTING

[Letter from Board President/Chairperson identifying individuals as authorized to sign contracts, expenditure reports, and performance reports]

I, _____, Board President/Chairperson

of _____ [Agency/Organization's legal name] hereby identify the following individual(s) who is (are) authorized to sign and/or submit documentation for the organization named above:

Contracts:

Printed Name:	Title:	Email address:
1. <u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
2. <u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
3. <u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>

Expenditure Reports:

Printed Name:	Title:	Email address:
1. <u>Click or tap here to enter text.</u>	3. <u>enter text.</u>	
2. <u>Click or tap here to enter text.</u>		
<u>Click or tap here to</u>		

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or tap here to enter text.

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enter text.

Click or tap here to enter text.

23 APPENDIX A – PROPOSAL SUBMISSION FORM

RFA 2026-059 Request for Applications Opioid Settlement Funding

SUBMIT WITH APPLICATION

This Application is submitted by:

Company Legal Name: _____

Representative Name: _____

Representative Signature: _____

Representative Title: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Website Address: _____

It is understood that Union County reserves the right to reject any and all applications, to make awards according to the best interest of the County, to waive formalities, technicalities, to recover and resubmit this project. Proposal is valid for 120 calendar days from the Proposal due date and is submitted by an executive of the company that has authority to contract with Union County, NC.

Name: _____

Title: _____

Signature: _____

Date: _____

24 APPENDIX B – ADDENDUM AND ANTI-COLLUSION FORM

RFA 2026-031 Request for Applications Opioid Settlement Funding

RFP 2026-031 Enterprise Resource Planning (ERP) Software Consulting Services

SUBMIT WITH APPLICATION

Please acknowledge receipt of all addenda by including this form with your application. Any questions or changes received will be posted as an addendum on www.co.union.nc.us and/or www.ips.state.nc.us. It is your responsibility to check for this information.

Addendum No.	Date Downloaded
_____	_____
_____	_____
_____	_____
_____	_____

I certify that this proposal is made in good faith and without collusion with any other offeror or officer or employee of Union County.

Company Name: _____

Name: _____

Title: _____

Email Address: _____

Signature: _____

Date: _____