



REQUEST FOR APPLICATIONS (RFA)

OPIOID SETTLEMENT PROCEEDS GRANT (OSPG)

Proceeds from Fiscal Year 2023 and 2024

Release Date: Friday, August 16, 2024

Application Due Date: 5:30 PM on Monday, September 13, 2024

It is the responsibility of the applicant to ensure application(s) arrive prior to the due date and time.
Applications received digitally after 5:30 p.m. on September 13, 2024, will not be considered.

This document can be made available in alternative accessible formats upon request.

**City of Palm Bay
Community & Economic Development
120 Malabar Road SE
Palm Bay, Florida 32907**

**Ibis Berardi
Assistant Director
(321) 952-3400 Ext 4045
Ibis.Berardi@palmbayflorida.org**

BACKGROUND OPIOID SETTLEMENT PROCEEDS

During the State Fiscal Year (FY) 2021-2022, Florida State Attorney General Ashley Moody announced a series of historic settlements between the State of Florida and the manufacturers, distributors, and dispensers of opioids that will provide more than \$3 billion to Florida over the next eighteen years.

At the July 1, 2021, Regular Council Meeting, Palm Bay City Council adopted Resolution 2021-33 which recognized the harmful effects from the opioid epidemic suffered by the City. The City of Palm Bay joined the State of Florida, counties, and other cities as part of the filed action in re: National Prescription Opiate Litigation, MDL No. 2804 (N.D. Ohio) (the "Opioid Litigation"). Resolution 2021-33 proposed a unified plan for the allocation and use of prospective settlement dollars from opioid related litigation, and the City entered into a Memorandum of Understanding (MOU) with the State of Florida setting the framework of the unified plan for the proposed allocation and use of opioid settlement proceeds.

In February of 2023, Governor Ron DeSantis announced plans for the first \$205.7 million from the Opioid Settlements. In year one, these funds will serve communities throughout the State of Florida, and support prevention, treatment, and recovery efforts statewide.

On November 15, 2021, the Office of the Attorney General executed a Florida Opioid Allocation and Statewide Response Agreement (see Attachment A of this RFA) with certain local government in the State of Florida prescribing the intent of the State and local governments for use of the opioid settlement proceeds and provided for Exhibits "A" (herein after referred to as 'Schedule A') and "B" (hereinafter referred to as 'Schedule B') of the Agreement to ensure that the funds are expended in compliance with evolving evidence-based best practices. Eligible use of opioid settlement funds must fall under one of the three categories established in Schedule B: Treatment, Prevention, and Other Strategies. Core strategies shall comply with Schedule A.

In December of 2023, the City received the first round of the National Opioid Settlement funds from some of the largest pharmaceutical distributors Allergan, CVS, Distributors, Janssen, Teva, Walgreens and Walmart ("Distributors"). The City will continue to receive funds until December 2036. The City has received opioid settlement proceeds totaling \$275,619.36, which includes \$86,397.57 (FY 2023) and \$189,221.79 (FY 2024). Per the Agreement, the City is authorized to withhold a maximum of five percent (5% or a total of \$13,780.97 for both FYs combined) to cover administrative costs, which leaves a balance of \$261,838.39 in opioid settlement funds to be awarded under this Opioid Settlement Proceeds Grant.

At the Regular Council Meeting on July 18, 2024, Palm Bay City Council authorized the City to publish a Request for Applications to solicit applications for use of FY 2023 and 2024 opioid settlement proceeds.

**SUMMARY OF APPLICATION REQUIREMENTS
OPIOID SETTLEMENT PROCEEDS GRANT**

The Request for Applications (RFA) closes and applications are due by electronic submittal to HCDinfo@pbfl.org no later than 5:30 PM on September 13, 2024. Late submittals and incomplete applications will not be considered.

Applications are available for download at www.pbfl.org/opioid.

Mandatory Technical Assistance Workshop (VIRTUAL)

10 AM on Friday, August 23, 2024

Attendance is mandatory for applications to be considered complete.

Registration for this workshop is required. Registration closes at midnight on Wednesday, August 21, 2024. Register at www.pbfl.org/opioid

FUNDING AWARD

Complete applications will be presented for City Council's consideration at the Regular Council Meeting on Thursday, October 3, 2024. Attendance is required.

Maximum Funding Amount: The maximum award amount per category is \$75,000. Eligible categories include Treatment, Prevention, and Other Strategies as identified in Schedule B. Applicants may seek funding under more than one category.

Estimated Period of Performance: Beginning upon effective date of the subrecipient agreement through September 30, 2025.

Eligibility: Applicants must meet the following criteria:

- May be a not-for-profit or for-profit; however, special consideration will be given to not-for-profit entities
- Entity shall be in operation for a minimum of three (3) years
- Entity must be an active agency operating within Brevard County
- Funding requests for proposed programs shall solely serve Palm Bay residents
- Existing programs shall demonstrate how grant funds awarded will expand or enhance the program
- A representative of the entity must participate in the mandatory technical assistance workshop
- Entities must attest to not having suspensions or debarments within the last five (5) years
- Document amount and source of any private funds being leveraged to support the proposed programs and services. Special consideration will be given to applicants leveraging private funds.

Disqualifying Criteria: Applications are ineligible for funding award in the event of any one of the following:

- Application submittal after 5:30 PM on Friday, September 13, 2024
- An application is deemed incomplete due to missing items
- Applications proposing programs or services not serving Palm Bay residents.
- Applications not addressing the Core Strategies provided in Schedule A and Schedule B
- Agencies not in compliance with all local and state regulations and/or accreditation and certification requirements, where applicable.
- Agencies that did not attend the mandatory technical assistance workshop.

**SUBMITTAL CHECKLIST
OPIOID SETTLEMENT PROCEEDS GRANT**

Eligibility Documents

- ☐ Copy of a good standing certificate issued within the last 12 months by the Florida Division of Corporations
- ☐ As applicable: Copy of current Charitable Solicitation Permit issued by the State of Florida or a letter indicating that agency is exempt pursuant to Sec 496.406(3), FL Statutes, issued by the state or signed by agency's board
- ☐ Copies of fiscal balance sheets and statements of income and expenses for the last two (2) fiscal years
- ☐ Copies of completed and filed federal tax returns for the last three (3) tax years
- ☐ Agencies exempt from filing tax returns shall submit:
 - o IRS certification of exemption and
 - o Copies of audit reports from the last three years conducted in accordance with GAAS and GAS or agency's financial information in form and substance reasonably acceptable to the Department of Finance and Administration
- ☐ Mandatory Technical Assistance Workshop Attendance

Application Contents

- ☐ Section I: Contact & Agency Information
- ☐ Section II: Programs & Services Information
- ☐ Section III: Agency Background & Experience
 - o Part A: Description of agency's board
 - o Part B: Description of agency's executive staff
 - o Part C: Agency's experience and accomplishments addressing and/or treating opioid addictions, overdoses, etc.
- ☐ Section IV: Program Overview
- ☐ Section V: Program Activities
- ☐ Section VI: Program Management & General Overhead
 - o Part A: General Overhead Description of the management and staff positions needed
 - o Part B: Additional Staff Capacity
 - o Part C: Fundraising, partners, and sustainability
- ☐ Section VII: Operating Budget & Budget Narrative
 - o Part A: Program Budget Detail (Attachment B)
 - o Part B: Program Budget Narrative (Attachment B)
- ☐ Section VIII: Program Impact & Effectiveness
 - o Part A: Goals & Measurable Objectives
 - o Part B: Program Achievements and/or Evidence-Base
- ☐ Section IX: Certification

**SUBMISSION INSTRUCTIONS
OPIOID SETTLEMENT PROCEEDS GRANT**

Complete all sections of the application packet. Include the Submittal Checklist and Submission Instructions with your application. In the electronic submittal via email to HCDinfo@pbfl.org, the subject of the email should be titled: "RFA FY 2023 & 2024 Opioid Proceeds (Name of Agency)".

All applications and supporting documentation shall be submitted in PDF format.

Applications shall be submitted no later than 5:30 PM on Friday, September 13. Late and incomplete applications will not be considered for grant award.

For questions on the application, email HCDinfo@pbfl.org with the subject line: "Opioid RFA – ATTN: Ibis Berardi" or contact Ibis Berardi, Assistant Director of Community & Economic Development, at (321) 952-3400 Ext 4045 during normal business hours, Monday through Friday between 8 AM to 4:30 PM.

Following submission, you will receive an email confirmation from HCDinfo@pbfl.org. If you do not receive this confirmation email within 24 business hours, please contact Ibis Berardi.

SECTION I: Contact & Agency Information

CONTACT INFORMATION

Representative Name:	
Title:	
Telephone:	()
E-mail:	

AGENCY INFORMATION

Legal Entity:	
DBA/Also Known As:	
Mailing Address: (include city, state, zip)	
Primary Telephone:	()
Website:	
Federal ID # (FEIN):	
FL Div of Corp Doc #:	
Name of Chief Executive:	
Agency's Fiscal Year:	

SECTION II: PROGRAMS & SERVICES

PROGRAM INFORMATION

Program/Service Name:	
Grant Request Amount**:	
Private Funds Leverage:	
Summarize programs and services to be provided:	
# of clients to be served:	
Annual revenue reported on last tax return / year:	
Category (Schedule B):	<input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Other Strategies

Program/Service Name:	
Grant Request Amount**:	
Private Funds Leverage:	
Summarize programs and services to be provided:	
# of clients to be served:	
Annual revenue reported on last tax return / year:	
Category (Schedule B):	<input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Other Strategies

Program/Service Name:	
Grant Request Amount**:	
Private Funds Leverage:	
Summarize programs and services to be provided:	
# of clients to be served:	
Annual revenue reported on last tax return / year:	
Category (Schedule B): (Select all that apply.)	<input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Other Strategies

** The maximum award amount per category is \$75,000.

SECTION III: AGENCY BACKGROUND & EXPERIENCE

Part A: Summary of the agency’s board members.

Member Name:	Years:	Brief description of professional experience:

Part B: Summary of agency’s key staff (i.e. executive director/chief executive officer, chief operating officer, chief financial officer, program staff).

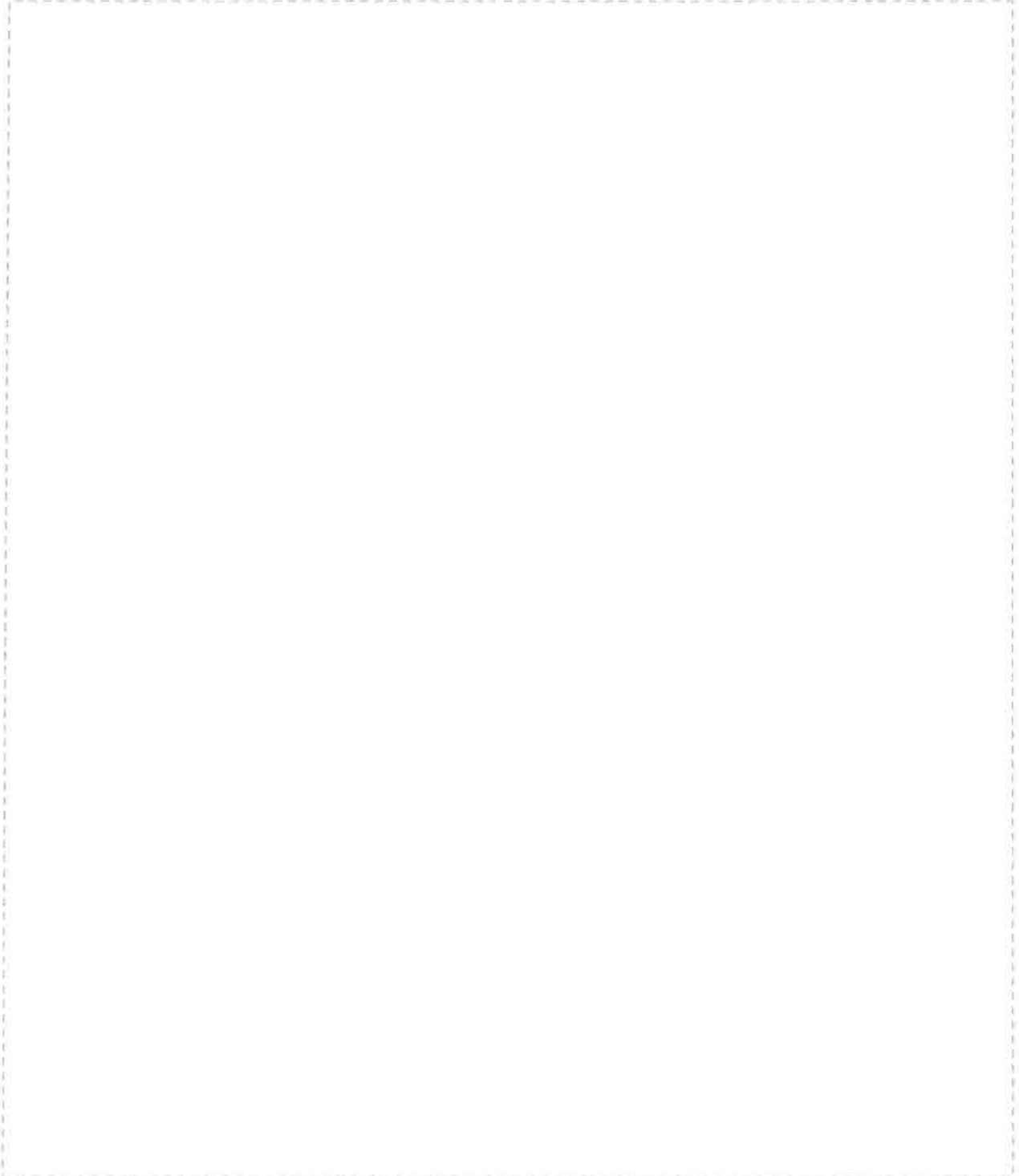
Name:	Title:	Responsibilities:	Years:

Part C: Provide a brief summary of the agency's experience and accomplishments addressing and/or treating opioid addictions, overdoses, and related mental, physical, and familial matters arising from opioid use, misuse, and treatment. This section may without limitation describe the agency's mission, future plans, major programs, licensure, certification, or accreditation.

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SECTION IV: PROGRAM OVERVIEW

Provide a summary of each program from Section II and how the program will use the funds in accordance with Schedule A and Schedule B. This section should include partnerships with other or agencies, as applicable.



Continued... SECTION IV: PROGRAM OVERVIEW

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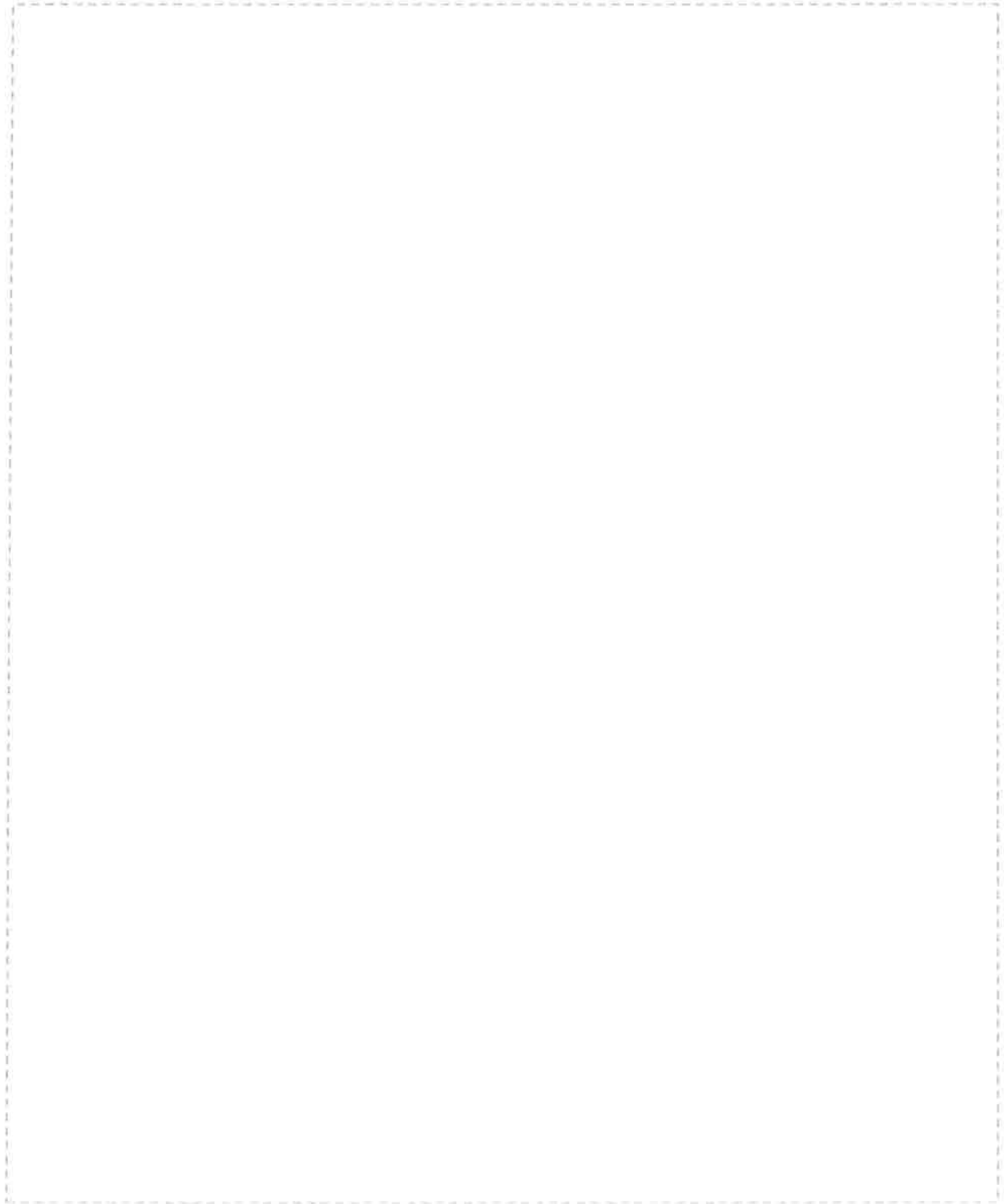
SECTION V: PROGRAM ACTIVITIES

List all eligible activities within each proposed program from Section II and a brief description of each activity.

PROGRAM	ACTIVITY	BRIEF DESCRIPTION
<i>Example: Opioid Recovery Program</i>	<i>Counseling and wrap around services, such as housing, transportation, job placement or training, and childcare up to a maximum of \$XXX per household</i> <i>Eligible Activity, Schedule A, E.4.</i>	<i>Funding assistance for eligible activities to ensure stability for individual and/or household</i>

SECTION VI: PROGRAM MANAGEMENT & GENERAL OVERHEAD

Part A: Describe the general overhead of the agency.

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Part B: Describe additional staff positions needed to successfully operate the program and explain/demonstrate the need for new and/or expanded capacity.

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Part C: Describe the agency's fundraising capacity, plan, and strategy; program funding partners; and how the program will be sustained in future years.

SECTION VII: OPERATING BUDGET & BUDGET NARRATIVE

Complete Attachment B, Part A: Program Budget Detail and Part B: Program Budget Narrative.

Please note: There are three tabs within the Excel spreadsheet. Please review instructions prior to completing.

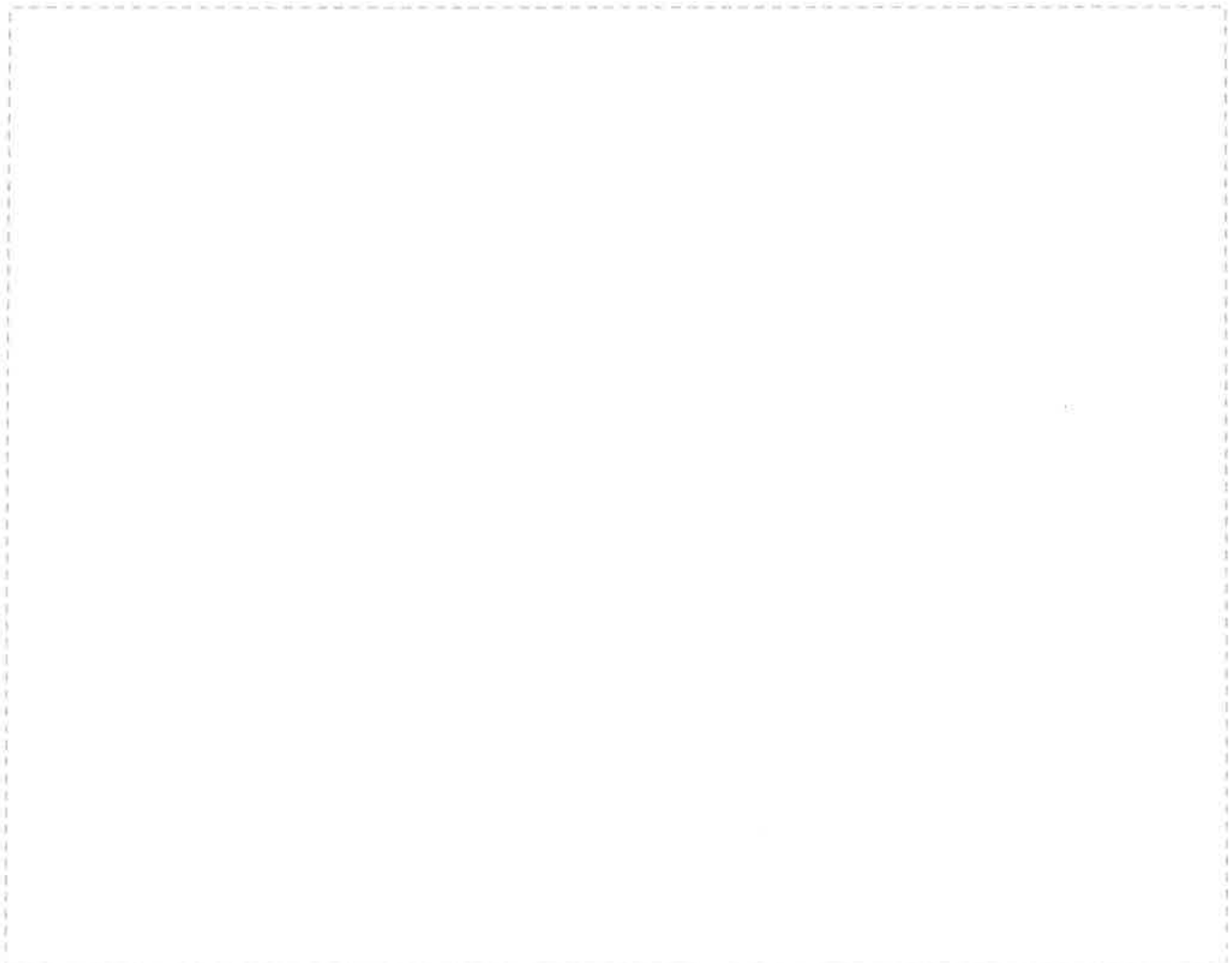
SECTION VIII: PROGRAM IMPACT & EFFECTIVENESS

Part A: For each proposed program in Section II, describe the program's goals and objectives and how success will be measured. A goal is an aspirational statement about what you want the program to achieve. Objectives describe how you will show progress toward meeting goals. Objectives should be specific, measurable, achievable, relevant, and time bound. Include a description of applicable data sources and baseline measures for each objective listed. For new programs, baseline measures can be based on the results of similar programs.

Example 1: Opioid Recovery Program: GOAL 1: Provide stabilization for the individual or household.
Objective 1.1: Serve six (6) individuals or households by the end of the grant period.

Example 2: Goal #1 - Enhance academic achievements of program participants. Objective 1.1 - At least 90 participants will graduate by the end of the grant period. Baseline: 80 (2024-2025). Data Source: Student record/GED logbook

Example 3: Goal #2 - Promote client engagement in program services and reduce relapse. Objective 2.1 - At least 75% of program clients will remain engaged in the program for six weeks or longer. Baseline: 70% (Q1 2025). Data Source: Client record tracking attendance at group meetings and individual appointments



Continued... SECTION VI: PROGRAM IMPACT & EFFECTIVENESS

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Part B: Describe the agency's success and achievements with similar programs within the last five years. Provide program year(s), services provided under each program, and detail how success was measured. For evidence-base programs, describe national studies, qualitative measures, best practices, and success of similar programs. Cite sources and national standards relied upon for this information.

SECTION IX : CERTIFICATION

The following certification must be executed by the executive director, chief executive or operating officer, president, vice president, or board chairman.

“I, _____, whose title is _____,
Hereby certify that the information and representations contained in this application and all supporting documents are true and correct. I authorize the submission of this application for funding under this Request for Applications.

I certify that our agency/organization has not been disbarred, disqualified, removed, or prevented from any bidding or competing for any State or Federal projects. In the last five (5) years, and we have not had any contracting or license suspension. Our business has not been found liable in any civil suit, guilty of a crime, or made false claims in the last five (5) years.

I further certify that that our agency/organization is in compliance with all local and state regulations and/or accreditation and certification requirements, where applicable.

Finally, I certify that the agency’s application serves primarily to provide services related to treatment, prevention, and/or other strategies to combat the opioid epidemic.

The following certification must be executed by the executive director, chief executive or operating officer, president, vice president, or board chairman.”

Name:	
Title:	
Signature:	
Date:	

State of Florida
County of Brevard

Sworn to and subscribed before me, this ____ day of _____, 2024, by _____.
Said person is (check one): ☐ personally known to me
OR ☐ produced _____ as identification.

Notary Public

Addendum #1

Opioid Settlement Proceeds Grant (OSPG)

Request for Applications (RFA)

This first addendum is being issued in an effort to provide equity for all applicants since the mandatory technical assistance workshop scheduled on August 23, 2024, was postponed to August 30, 2024. The City is extending the registration to attend the Mandatory Technical Assistance Workshop.

Registration form must be completed by Thursday, August 29, 2024 by 12 noon.

Form located here www.pbfl.org/opioid

Question: Will the City hold another technical assistance workshop for agencies who missed the virtual mandatory technical assistance workshop originally scheduled for August 23, 2024?

Answer: The City will record the technical assistance workshop scheduled for Friday, August 30, 2024, at 10am. The recording can be found here www.pbfl.org/opioid. Agencies not available to attend can watch the recording. In addition to watching the mandatory technical assistance workshop, applicants shall also complete a self-certification form. The self-certification form can be found on the opioid website here www.pbfl.org/opioid. By completing and submitting the self-certification form, applicants certify they have reviewed the recording from the Mandatory Technical Assistance Workshop. This form is required to be completed and included in the application packet for all agencies that were not able attend the workshop.

CITY OF PALM BAY OPIOID SELF-CERTIFICATION

To be completed by Agency

Name of Agency: _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

I hereby certify that I have watched the recorded August 30, 2024, presentation.

An employee of the Agency must sign below to certify the information to be eligible to apply for City of Palm Bay Opioid funds.

****This form must be witnessed.***

Printed Name

Signature

Witness #1 (MUST be different than Witness #2)

Witness #2 (MUST be different than Witness #1)

Date _____