

**UNION  
COUNTY  
2026 OPIOID  
ABATEMENT REPORT**

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| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                   |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Subdivision: Union County        |                                                                                                                                                                                                                                      |                                                                   |
|                                  | State ID:                                                                                                                                                                                                                            | NJ230                                                             |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                             |
|                                  | Address:                                                                                                                                                                                                                             | 10 Elizabethtown Plaza,4th Floor,<br>Elizabeth, New Jersey, 07202 |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Christina Topolosky                                               |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:ctopolosky@ucnj.org">ctopolosky@ucnj.org</a>      |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                   |
|                                  |                                                                                                                                                                                                                                      |                                                                   |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$323,672.70                                                      |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                            |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$3,625,450.64                                                    |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a county and did not transfer our funds                    |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                   |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$1,304,219.39                                                    |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                                                                                                                                                    |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$907,325.99                                                                                                                                                                                                                                       |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$53,079.52                                                                                                                                                                                                                                        |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | Salary and Fringe for staff not to exceed five percent of funds received. Securing a Public Notice for a Request for Proposals for opioid related services to begin January 1, 2026 and ending December 31, 2026 with an option to renew for 2027. |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$1,152,943.96                                                                                                                                                                                                                                     |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | To provide Union County Residents with services to combat the Opioid Crisis. To educate its citizens on the dangers of opioids to prevent deaths caused by overdose.                                                                               |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | Union County Opioid Task Force members, consist of community stakeholders and representatives from teh Union County Department of Humas Services                                                                                                   |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current                                                                                                                                    | 1. The Schedule B of approved Opioid Remediation;<br>2.Community Needs Assessment                                                                                                                                                                  |

|     |                                                                                                                                                                                                                                                                              |                                                                                   |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|     | reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                                                                                                                     | Survey;<br>3. Two community based listening sessions;<br>4. Request for Proposals |
|     |                                                                                                                                                                                                                                                                              |                                                                                   |
|     | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                                                                   |
|     |                                                                                                                                                                                                                                                                              |                                                                                   |
|     | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                                                                   |
|     | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                                                                   |
|     | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                                   |
|     | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                                   |
|     | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                                   |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                               |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | A public survey that is open year round for community feedback and concerns.      |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 1 - 2 years                                                                       |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No                                                                                |
|     | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                                                                   |

|     |                                                                                                                                                                                                                        |                                                                                            |
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| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                     | Yes                                                                                        |
|     |                                                                                                                                                                                                                        |                                                                                            |
| 16a | Can we post your risk assessment online?                                                                                                                                                                               | No                                                                                         |
| 17  | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                                                        |
|     |                                                                                                                                                                                                                        |                                                                                            |
|     | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                            |
|     | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                            |
|     |                                                                                                                                                                                                                        |                                                                                            |
|     | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                            |
|     |                                                                                                                                                                                                                        |                                                                                            |
|     |                                                                                                                                                                                                                        |                                                                                            |
|     |                                                                                                                                                                                                                        |                                                                                            |
|     | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                            |
| 1   | What is the name/title of the program?                                                                                                                                                                                 | Atlantic Health's Building Resilient Communities Webinar Series                            |
| 2   | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Atlantic Health System, Overlook Medical Center                                            |
| 3   | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider) |
| 4   | What is the primary problem being addressed by this program?                                                                                                                                                           | Education and Access to Care                                                               |

|     |                                                                                                          |                                                                                                                                                                                                                                                                                                               |
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| 5   | Briefly describe the program's purpose and key activities.                                               | Provide Educational webinars held virtually once per month. Topics are designed to offer high quality, increase awareness, reduce stigma, increase access to care, address health equity, build resilience, prevent opioid misuse, and dynamic behavioral health educational opportunities for the community. |
| 6   | What is the target population for this program?                                                          | Members of the General Public                                                                                                                                                                                                                                                                                 |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                       | 12/1/2024                                                                                                                                                                                                                                                                                                     |
| 8   | What is the total amount of funding for this program?                                                    | \$20,000.00                                                                                                                                                                                                                                                                                                   |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                            | \$20,000.00                                                                                                                                                                                                                                                                                                   |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                        | \$0.00                                                                                                                                                                                                                                                                                                        |
| 9   | How often is your subdivision disbursing funds to this program?                                          | One time only                                                                                                                                                                                                                                                                                                 |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                     | 12/1/2024                                                                                                                                                                                                                                                                                                     |
| 11  | Choose the duration of the program from the list below.                                                  | One time only                                                                                                                                                                                                                                                                                                 |
| 12  | What is the number of unduplicated individuals served by this program?                                   | 1300                                                                                                                                                                                                                                                                                                          |
| 13  | What is the intended impact of this program?                                                             | To partner with the stakeholders in Union County to provide educational opportunities designed to foster meaningful conversations about behavioral health, with a focus on opioids, in order to increase awareness, reduce stigma, increase access to care, address health equity and build resilience.       |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, |                                                                                                                                                                                                                                                                                                               |

|        |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|        | including, but not limited to, the following:                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|        | Other:                                                                                                                                 | Number of Webinars provided - 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                          | Others:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                 | This was a one time collaboration and payment was rendered after completion of the webinar series.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                              | <p>1.Increase Awareness: Enhance understanding of behavioral health issues, including mental health disorders and substance use, among participants.</p> <p>2.Reduce Stigma: Foster a supportive environment that reduces stigma associated with behavioral health conditions and encourages open discussions.</p> <p>3.Promote Early Intervention: Educate participants on the importance of early identification and intervention for behavioral health issues.</p> <p>4.Improve Skills: Equip participants with practical skills to support themselves and others in managing behavioral health challenges.</p> <p>5.Enhance Resource Knowledge: Provide information on available resources, treatment options, and support networks within the community. This was a one time collaboration and County staff attended the webinar series.</p> |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                             | Primary Prevention, Education, and Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 18     | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). | None of the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | <p>1.Knowledge Acquisition: By the end of the program, participants will be able to identify at least three common behavioral health disorders and their symptoms.</p> <p>2.Stigma Reduction: Participants will engage in discussions that highlight personal experiences and share strategies to combat stigma, with at least 75% reporting increased understanding by the end of the program.</p> <p>3.Early Identification: Participants will learn to recognize warning signs of behavioral health issues, aiming for at least 75% to demonstrate this ability through assessments.</p> <p>4.Skill Development: Attendees will practice and demonstrate at least three (3) coping strategies or intervention techniques to support individuals facing behavioral health challenges.</p> <p>5.Resource Awareness: At the conclusion of the program, participants will be able to list at least three (3) local or online resources for behavioral health support and services.</p> <p>6.Evaluation of Impact: Conduct post-program surveys to measure changes in attitudes, knowledge, and perceived confidence in discussing and addressing behavioral health issues, aiming for a 75% improvement.</p> |

|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | This was a County Commissioners initiative in partnership with Atlantic Health System.                                                                                                                                                                                                                                                                                                                                                    |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1  | What is the name/title of the program?                                                                                                                                    | MHANJ's Mobile Recovery Hotspot                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                     | Mental Health Association of New Jersey                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                           | Community Based Organizations/Non-Governmental Organizations                                                                                                                                                                                                                                                                                                                                                                              |
| 4  | What is the primary problem being addressed by this program?                                                                                                              | The Mobile Recovery Hotspot will enhance the “no wrong door approach” and will encompass overall wellness and multiple pathways of recovery for all affected by opioid use disorder and/or co-occurring.                                                                                                                                                                                                                                  |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                | The Mobile Recovery Hotspot is an extension of the extensive experiences of providing recovery support and adapting to the needs of the community. The program will provide the following mobile services: information and referrals to the community including but not limited to: accessing local naloxone trainings, on-site overdose prevention education, opportunities for continued education, and community engagement and follow |

|       |                                                                                   |                                                       |
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|       |                                                                                   | up support through case management.                   |
| 6     | What is the target population for this program?                                   | Individuals in Recovery;<br>Individuals who Use Drugs |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 8/1/2025                                              |
| 8     | What is the total amount of funding for this program?                             | \$77,783.00                                           |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?     | \$31,576.93                                           |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$46,206.07                                           |
| 9     | How often is your subdivision disbursing funds to this program?                   | Others                                                |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others          | Monthly                                               |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)              | 8/1/2025                                              |
| 11    | Choose the duration of the program from the list below.                           | One time only                                         |
| 12    | What is the number of unduplicated individuals served by this program?            | 0                                                     |

|    |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | What is the intended impact of this program?                                                                                                           | A Mobile Unit was purchased to strategically be implemented throughout Union County at previously identified community hotspots. "Hotspots" will be identified through comprehensive community canvassing and serve highly trafficked areas within the community including: food pantries, libraries, train and bus stations, local hospitals, treatment provider parking lots, police departments, harm reduction programs, high schools (if permissible & appropriate), etc. The RH mobile response van will also be available upon request for events and recovery social events within Union County. The RH mobile response van will be in the community Sundays through Saturdays at a range of 12-18 hours; including nights and weekend. The mobile response unit will always be staffed with a minimum of two NJ Certified Peer Recovery Specialists (CPRS) with an on-call clinical consultant and coordinating supervisors aiming to intervene early with individuals at the highest risk of overdose. |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | Number of participants served:                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Number of referrals to treatment                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Other:                                                                                                                                                 | Purchase a mobile unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Monthly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | <p>MEASUREMENTS:</p> <p>1. Provide information and resources to the community through robust community outreach.</p> <p>a. A minimum of 12 hours a week will focus on community outreach including public education and other community engagements. Due to a shorten grant term the provider was able to purchase the mobile unit and programs began after the grant term.</p>                                                                                                                                                                                                                                                                                                  |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Primary Prevention, Education, and Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Recovery Supports;<br>Treatment;<br>Wraparound and Connected Care Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Support People in Treatment and Recovery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | <p>The goal and objective of the mobile program will be to enlighten and assist the participant in recovery who is impacted by opioid misuse. This process will be person-centered, culturally competent, and involve the RH mobile response van canvassing the community in order to bring resources, information, and services to highly impacted and pre-determined areas. The Mobile Unit program will provide the capacity for true peer recovery and support case management using the recovery-oriented system of care model. The model emphasizes person-centered support that builds on the strengths and the resilience of individuals, families, and communities.</p> |

|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | The selection of the program was done through an open and fair Request for Proposal process. Submitted proposals were scored and evaluated by a committee comprised of County Staff and Community Stakeholder with no conflict of interest. The committee's recommendation for the awarded funds was then voted by the County Commissioners. All opioid settlement contracts are on a reimbursement basis. Expenditure reports are submitted monthly for review and compliance before reimbursement. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1  | What is the name/title of the program?                                                                                                                                    | Law Enforcement Assisted Diversion (LEAD) Program                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                     | Trinitas Regional Medical Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                           | Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4  | What is the primary problem being addressed by this program?                                                                                                              | The LEAD program will take an alternative multi-systemic approach that reduces the over-reliance on law enforcement to address the unmet needs of those individuals who have repeated involvement with the criminal justice system for low level criminal offenses in Union County communities by increasing the scope and capacity of resources                                                                                                                                                     |

|       |                                                                                   |                                                                                                                                                                                                                     |
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|       |                                                                                   | grounded in trauma informed philosophy.                                                                                                                                                                             |
| 5     | Briefly describe the program's purpose and key activities.                        | To utilize the LEAD Program to prevent Opioid overdose death & other harms through supporting community coalitions and to expand connections to care through engagement of non-profits and faith community systems. |
| 6     | What is the target population for this program?                                   | Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs                                                                                                                                 |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 4/1/2026                                                                                                                                                                                                            |
| 8     | What is the total amount of funding for this program?                             | \$449,049.00                                                                                                                                                                                                        |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?     | \$239,014.24                                                                                                                                                                                                        |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$210,034.76                                                                                                                                                                                                        |
| 9     | How often is your subdivision disbursing funds to this program?                   | Others                                                                                                                                                                                                              |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others          | Monthly                                                                                                                                                                                                             |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)              | 4/1/2025                                                                                                                                                                                                            |
| 11    | Choose the duration of the program from the list below.                           | One time only                                                                                                                                                                                                       |
| 12    | What is the number of unduplicated individuals served by this program?            | 275                                                                                                                                                                                                                 |

|    |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | What is the intended impact of this program?                                                                                                           | UNION COUNTY LEAD Program will focus on identifying individuals, 18 years or older, with opioid use disorders who are engaging in low-level, non-violent behaviors and referred by law enforcement as an alternative to arrest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | Number of participants served:                                                                                                                         | 275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | Number of training/education sessions:                                                                                                                 | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | Other:                                                                                                                                                 | Policy Coordinating Group Meeting -<br>12 Operations Work Group Meetings<br>- 29 Community Leadership Meetings - 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Monthly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | <p>MEASUREMENTS</p> <p>1.To provide case management services to 46 unduplicated Union County residents impacted by Opioid Use Disorder. Time per client can range from 30 minutes-up to 8 hours (avg. 4 hours per client).</p> <p>2.Monthly Policy Coordinating Group meetings to total, a minimum of, 12 meetings during the contract period.</p> <p>3.The Operations Work Group will meet twice a month to total, a minimum of, 24 meetings during the contract period.</p> <p>4.The Community Leadership Team will meet, a minimum of, 12 meetings during the contract period.</p> <p>5.LEAD will conduct a minimum of 12 trainings to project leaders, community stakeholders and law enforcement and community-based</p> |

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|    |                                                                                                                                        | <p>providers during the contract period.</p> <p>The County will monitor the progress monthly through a submitted report and with a monitoring visit twice during the contract term.</p> |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                             | Diversion and Re-entry Support                                                                                                                                                          |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). | Wraparound and Connected Care Supports                                                                                                                                                  |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                             | Connections to Care,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction),<br>First Responders,<br>Leadership, Planning and<br>Coordination        |

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| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Program objective is to engage, train and educate project leaders, community stakeholders and law enforcement and community-based providers in LEAD principles and, motivational interviewing, Stages of Change theory and street-based, non-coercive case management. Case managers will receive referrals from law enforcement and maintain engagement with participants, have participants identify immediate needs and link with appropriate resources, to prevent continued involvement with law enforcement. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The selection of the program was done through an open and fair Request for Proposal process. Submitted proposals were scored and evaluated by a committee comprised of County Staff and Community Stakeholder with no conflict of interest. The committee's recommendation for the awarded funds was then voted by the County Commissioners. All opioid settlement contracts are on a reimbursement basis. Expenditure reports are submitted monthly for review and compliance before reimbursement.               |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1  | What is the name/title of the program?                                                                                                                                                                   | Real House's Recovery Coaching Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | Real House, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | Community Based Organizations/Non-Governmental Organizations                                                                                              |
| 4     | What is the primary problem being addressed by this program?                                                                                    | Provide comprehensive, trauma-informed treatment and recovery support services addressing opioid use disorder and related substance use issues.           |
| 5     | Briefly describe the program's purpose and key activities.                                                                                      | The project aims to reduce overdose deaths, prevent misuse, and strengthen recovery pathways across Union County.                                         |
| 6     | What is the target population for this program?                                                                                                 | Individuals experiencing Homelessness;<br>Individuals in Recovery;<br>Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 1/1/2026                                                                                                                                                  |
| 8     | What is the total amount of funding for this program?                                                                                           | \$213,978.00                                                                                                                                              |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$70,460.18                                                                                                                                               |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                               | \$143,517.82                                                                                                                                              |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                 | Others                                                                                                                                                    |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                        | Monthly                                                                                                                                                   |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                            | 1/1/2026                                                                                                                                                  |
| 11    | Choose the duration of the program from the list below.                                                                                         | One time only                                                                                                                                             |
| 12    | What is the number of unduplicated individuals served by this program?                                                                          | 50                                                                                                                                                        |

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| 13 | What is the intended impact of this program?                                                                                                           | To expand access to integrated, trauma-informed substance use and co-occurring disorder services for Union County residents. The program seeks to reduce opioid-related deaths, prevent relapse, and strengthen long-term recovery outcomes by providing comprehensive treatment, housing stabilization, and wraparound support services. |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                           |
|    | Number of participants served:                                                                                                                         | 50                                                                                                                                                                                                                                                                                                                                        |
|    | Number of training/education sessions:                                                                                                                 | 124                                                                                                                                                                                                                                                                                                                                       |
|    | Other:                                                                                                                                                 | Group Counseling - 1548<br>Access to MAT - 26<br>Parenting/Maternal Health - 0                                                                                                                                                                                                                                                            |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Monthly                                                                                                                                                                                                                                                                                                                                   |

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| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                              | <p>MEASUREMENTS:</p> <ul style="list-style-type: none"> <li>•Provide treatment, case management, and recovery services to a minimum of 38 unduplicated Union County residents during the grant cycle.</li> <li>•Conduct assessments for 100% of clients at intake to determine appropriate level of care</li> <li>•Conduct an average of 5 group counseling sessions per week, each lasting 60–90 minutes, with 8–12 participants per group.</li> <li>•Provide at least 2 individual counseling sessions per month for each enrolled client.</li> <li>•Deliver weekly peer recovery support meetings facilitated by Certified Peer Recovery Specialists (CPRS).</li> <li>•Coordinate access to MAT for at least 18 clients during the grant cycle.</li> <li>•Facilitate biweekly overdose-prevention workshops, each lasting 90 minutes, with average attendance of 10–15 participants.</li> <li>•Provide weekly parenting and maternal health sessions (60–90 minutes) for a minimum of 10 women.</li> </ul> <p>The County will monitor the progress monthly through a submitted report and with a monitoring visit twice during the contract term.</p> |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                             | Recovery Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). | Housing;<br>Primary Prevention, Education, and Training;<br>Wraparound and Connected Care Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Treat Opioid Use Disorder (OUD),<br>Support People in Treatment and Recovery,<br>Connections to Care,<br>Address the Needs of Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                  |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The OSF funds will enhance supporting expansion of case management and peer recovery staffing to improve transitions between levels of care; Increased MAT coordination (buprenorphine, Vivitrol, Sublocade) with local prescribers; Overdose-prevention education, naloxone distribution, and family workshops; Targeted supports for pregnant and parenting women, including maternal health coordination; and Transportation and linkage-to-care resources ensuring consistent access to treatment and recovery services. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The selection of the program was done through an open and fair Request for Proposal process. Submitted proposals were scored and evaluated by a committee comprised of County Staff and Community Stakeholder with no conflict of interest. The committee's recommendation for the awarded funds was then voted by the County Commissioners. All opioid settlement contracts are on a reimbursement basis. Expenditure reports are submitted monthly for review and compliance before reimbursement.                         |

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| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                          |                                                                                                                                                                                                                                                                                                                   |
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|    | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                   |
| 1  | What is the name/title of the program?                                                                                                          | Bridgeway's Homeless Emergency Solutions                                                                                                                                                                                                                                                                          |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                           | Bridgeway Behavioral Health Services                                                                                                                                                                                                                                                                              |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | Community Based Organizations/Non-Governmental Organizations                                                                                                                                                                                                                                                      |
| 4  | What is the primary problem being addressed by this program?                                                                                    | PROVIDE OUTREACH, CASE MANAGEMENT AND SUPPORTIVE EMPLOYMENT TO THOSE INDIVIDUALS WITH OPIOID DISORDERS                                                                                                                                                                                                            |
| 5  | Briefly describe the program's purpose and key activities.                                                                                      | To provide outreach, case management to those individuals with opioid use disorders.                                                                                                                                                                                                                              |
| 6  | What is the target population for this program?                                                                                                 | Children and Young Adults - 14-18 (high school aged);<br>Children and Young Adults - 19-24 (post-grad through college);<br>Individuals experiencing Homelessness;<br>Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs |
| 7  | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 1/1/2026                                                                                                                                                                                                                                                                                                          |
| 8  | What is the total amount of funding for this program?                                                                                           | \$121,518.00                                                                                                                                                                                                                                                                                                      |

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| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$29,479.15                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$92,038.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                        | Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                               | Monthly                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 1/1/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11    | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12    | What is the number of unduplicated individuals served by this program?                                                                                 | 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 13    | What is the intended impact of this program?                                                                                                           | Bridgeway Behavioral Health Services (Bridgeway) will increase opioid use service capacity by providing substance use case management to 40 persons in Union County. Bridgeway intends to provide long-term support and follow-up services for individuals experiencing OUD to include relapse prevention and coping skills needed for recovery. This expanded service will support individuals 16 years of age and older who are identified as having an opioid use disorder (OUD). |
| 14    | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|       | Number of participants served:                                                                                                                         | 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|       | Number of services provided/encounters:                                                                                                                | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|       | Number of referrals to treatment                                                                                                                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|    | Other:                                                                                                    | Individuals receiving Assessments - 4<br>Individuals receiving Case<br>Managements Services - 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 15 | How frequently are you measuring the key performance indicators listed above?                             | Monthly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact? | <p>MEASUREMENTS:</p> <p>Bridgeway plans to accomplish the following: 1.To outreach 40 persons in Union County who experience opioid use disorder, and or co-occurring substance use disorder.</p> <p>2.To provide case management services to 25 persons with 75% being served for a minimum of 6 months in order to engage and provide ongoing long-term support and follow-up.</p> <p>3.To complete 25 holistic assessments, identify needs and link to services to address needs including substance use services, mental health treatment, medical care, entitlement acquisition, housing supports and other emergent needs.</p> <p>4.To link/reconnect and support current treatment services for 30 out of 40 persons, including detox, Medication Assisted Treatment (MAT), outpatient services, etc. 5.To link/reconnect and support current treatment services for 25 persons to medical or behavioral health services</p> <p>6.To link/reconnect for 30 persons served in need of entitlements including social services, social security and Medicaid.</p> <p>The County will monitor the progress monthly through a submitted report and with a monitoring visit twice during the contract term.</p> |

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| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Wraparound and Connected Care Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Housing;<br>Recovery Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Support People in Treatment and Recovery                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Case management services will include advocacy, networking, and service linkages. Bridgeway will include financial housing assistance within this program for ten persons which will include security deposit and/or first month rent to stabilize any housing needs. Using a person-centered and recovery-oriented approach, the Employment Specialist will provide individualized support to reduce barriers and promote long-term success in competitive employment.                              |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The selection of the program was done through an open and fair Request for Proposal process. Submitted proposals were scored and evaluated by a committee comprised of County Staff and Community Stakeholder with no conflict of interest. The committee's recommendation for the awarded funds was then voted by the County Commissioners. All opioid settlement contracts are on a reimbursement basis. Expenditure reports are submitted monthly for review and compliance before reimbursement. |
| 22 | If you would like to provide any additional details about this program                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|     | not already included above, you may do so here.                                                                                                 |                                                                                                                                                                                                                                                                         |
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|     | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                                                                                                                                                         |
| 1   | What is the name/title of the program?                                                                                                          | Prevention Links' Supporting Individuals in Treatment and Recovery                                                                                                                                                                                                      |
| 2   | List all agencies, organizations, or entities that received funding for this program.                                                           | Prevention Links, Inc.                                                                                                                                                                                                                                                  |
| 3   | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | Community Based Organizations/Non-Governmental Organizations                                                                                                                                                                                                            |
| 4   | What is the primary problem being addressed by this program?                                                                                    | High-leverage interventions to meet the varied needs of individuals with—or at risk of—opioid use disorders in Union County.                                                                                                                                            |
| 5   | Briefly describe the program's purpose and key activities.                                                                                      | SERVICES TO STUDENTS IN THE RECOVERY HIGH SCHOOL, CONTINGENCY MANAGMENT AND TRANSPORTATION SERVICES TO TREATMENT/RECOVERY CENTERS                                                                                                                                       |
| 6   | What is the target population for this program?                                                                                                 | Children and Young Adults - 14-18 (high school aged);<br>Children and Young Adults - 19-24 (post-grad through college);<br>Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 1/1/2026                                                                                                                                                                                                                                                                |
| 8   | What is the total amount of funding for this program?                                                                                           | \$450,662.00                                                                                                                                                                                                                                                            |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$99,145.25                                                                                                                                                                                                                                                             |

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| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$351,516.75                                                                                                                                                                                                                                                                                                                                                     |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                        | Others                                                                                                                                                                                                                                                                                                                                                           |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                               | Prevention Links contract is a reimbursement base contract. Expenditure reports are submitted monthly.                                                                                                                                                                                                                                                           |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 1/1/2023                                                                                                                                                                                                                                                                                                                                                         |
| 11    | Choose the duration of the program from the list below.                                                                                                | 4-5 years                                                                                                                                                                                                                                                                                                                                                        |
| 12    | What is the number of unduplicated individuals served by this program?                                                                                 | 1226                                                                                                                                                                                                                                                                                                                                                             |
| 13    | What is the intended impact of this program?                                                                                                           | The program's overarching goals are to foster holistic recovery, integrate evidence-based strategies, promote abstinence, offer individualized support, facilitate long-term recovery, measure progress, reduce relapse, and maintain a commitment to continuous improvement in addressing the unique challenges faced by individuals on their recovery journey. |
| 14    | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                  |
|       | Number of participants served:                                                                                                                         | 20                                                                                                                                                                                                                                                                                                                                                               |
|       | Other:                                                                                                                                                 | Transportation rides provided -1041<br>Peer Recovery Mentorship - 5                                                                                                                                                                                                                                                                                              |
| 15    | How frequently are you measuring the key performance indicators listed above?                                                                          | Monthly                                                                                                                                                                                                                                                                                                                                                          |

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| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                              | <p>Measurements:</p> <ol style="list-style-type: none"> <li>1,500 hours of peer recovery mentorship services to approximately 10 students enrolled at RJL.</li> <li>RJL will host 6 social/recreational activities services approximately 5-8 students at each event.</li> <li>50 participants will be enrolled in the Contingency Management program.</li> <li>200 participants will be enrolled in the transportation program.</li> <li>2,058 rides will be provided to participants annually.</li> </ol> <p>The measurements will be tracked monthly and with a monitoring visit at least twice per contract term.</p> |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                             | Recovery Supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). | Primary Prevention, Education, and Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                             | Support People in Treatment and Recovery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| 20 | <p>Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies.</p> | <p>Prevention Links has prioritized three innovative, high-leverage interventions to meet the varied needs of individuals with—or at risk of—opioid use disorders in Union County. Rooted in the recovery-oriented system of care (ROSC) evidence-based framework, the identified interventions will maximize opioid settlement investments by synergizing with existing county-, state-, and federally-funded initiatives with a focus on whole person health, wellness, and recovery: The Raymond J. Lesniak Experience Strength and Hope Recovery High School (RJL) offers an evidence-aligned solution by integrating academics, psychoeducation, counseling, peer recovery support, family engagement, and coordinated linkage to community treatment (including MOUD where indicated) within the school day. Contingency Management (CM) is a behavioral health technique wherein the systemic delivery of positive reinforcement is provided for specific target behaviors that reflect progress in reducing/eliminating drug use (Higgins et al, 2007). Prevention Links (PL) will continue its streamlined transportation program to address a barrier within the County.</p> |
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| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.    | The selection of the program was done through an open and fair Request for Proposal process. Submitted proposals were scored and evaluated by a committee comprised of County Staff and Community Stakeholder with no conflict of interest. The committee's recommendation for the awarded funds was then voted by the County Commissioners. All opioid settlement contracts are on a reimbursement basis. Expenditure reports are submitted monthly for review and compliance before reimbursement. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|    | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1  | Program Name/Title                                                                                                                                                           | Community Action, Resources, Empowerment (CARE)<br>Project/Proyecto Cuidado                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2  | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, modification to funding amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | 2a) If yes, please explain:                                                                                                                                                  | PROCEED's contract was renewed for 2026 for the amount of \$188,495.00                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3  | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$230,750.69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Number of participants served:                                                                                                                                               | 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                                                    | 96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Number of training/education sessions:                                                                                                                                       | 96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Number of referrals to treatment                                                                                                                                             | 33                                                                                                                                                                                                                    |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                                                                                                                                                                                                    |
| 6 | Last Updated Date :                                                                                                                                                          | 8/17/2026                                                                                                                                                                                                             |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                       |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                       |
|   | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                       |
| 1 | Program Name/Title                                                                                                                                                           | Contingency Management via DynamiCare                                                                                                                                                                                 |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, modification to funding amount                                                                                                                                                                                   |
|   | 2a) If yes, please explain:                                                                                                                                                  | Prevention Links was renewed for January 1, 2025 to December 31, 2025 in the amount of \$238,373.00. This program was also renewed in 2026 but will be added as a new program since multiple services has been added. |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$186,076.36                                                                                                                                                                                                          |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                                                                                                                                                                       |
|   | Number of participants served:                                                                                                                                               | 45                                                                                                                                                                                                                    |
|   | Other:                                                                                                                                                                       | The number of clients that complete the program - 66                                                                                                                                                                  |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                                                                                                                                                                                                    |
| 6 | Last Updated Date :                                                                                                                                                          | 8/17/2026                                                                                                                                                                                                             |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                       |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                       |
|   | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                       |
| 1 | Program Name/Title                                                                                                                                                           | The Enhanced Opioid Treatment Program                                                                                                                                                                                 |

|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, modification to funding amount                                                                                                                                                                                                                             |
|   | 2a) If yes, please explain:                                                                                                                                                  | Owen Health's contract was renewed for the term of January 1, 2025 - December 31, 2025. The amount awarded for 2025 is \$226,884.00.                                                                                                                            |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$134,201.36                                                                                                                                                                                                                                                    |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                                                                                                                                                                                                                 |
|   | Number of participants served:                                                                                                                                               | 32                                                                                                                                                                                                                                                              |
|   | Other:                                                                                                                                                                       | Number of participants that complete a substance abuse assessment.<br>Number of participants that receive MAT services.<br>Number of participants that receive Individual & Group Therapy sessions.<br>Number of participants to receive Primary Care services. |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                                                                                                                                                                                                                                              |
| 6 | Last Updated Date :                                                                                                                                                          | 8/17/2026                                                                                                                                                                                                                                                       |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |
|   | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                 |
| 1 | Program Name/Title                                                                                                                                                           | Recovery Peer Outreach Support Team (RPOST)                                                                                                                                                                                                                     |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, modification to funding amount                                                                                                                                                                                                                             |
|   | 2a) If yes, please explain:                                                                                                                                                  | Mental Health Association in NJ's contract was renewed for January 1, 2025 to December 31, 2025 for the amount of \$103,221.00.                                                                                                                                 |

|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$67,581.87                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   | Number of participants served:                                                                                                                                               | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|   | Number of training/education sessions:                                                                                                                                       | 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|   | Number of referrals to treatment                                                                                                                                             | 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|   | Other:                                                                                                                                                                       | Complete a minimum of two Goal Plan - 6 Report a decrease in symptoms - 4<br>Receive Recovery Group Support - 8                                                                                                                                                                                                                                                                                                                                                     |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6 | Last Updated Date :                                                                                                                                                          | 8/17/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1 | Program Name/Title                                                                                                                                                           | Transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, modification to funding amount                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|   | 2a) If yes, please explain:                                                                                                                                                  | Prevention Links was awarded an additional \$25,000 for the January 1, 2023 - December 31, 2024 contract term. Their program was renewed for January 1, 2025 to December 31, 2025 in the amount of \$84,105.00. For the months of August 1, 2025 - December 31, 2025 Prevention Links was awarded an additional \$174,000. The transportation program was renewed for 2026, but will be added as a new program because multiple services were added to the program. |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$142,853.84                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

|   |                                                                                                                                                                              |                                                                                |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                                |
|   | Number of participants served:                                                                                                                                               | 461                                                                            |
|   | Other:                                                                                                                                                                       | Number of transportation rides provided to treatment/recovery programs - 4,036 |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                                                             |
| 6 | Last Updated Date :                                                                                                                                                          | 8/17/2026                                                                      |

| Opioid Settlement Funding Report       |                                                                                                                                                                                                                                      |                                                          |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Subdivision: Berkeley Heights Township |                                                                                                                                                                                                                                      |                                                          |
|                                        | State ID:                                                                                                                                                                                                                            | NJ12                                                     |
|                                        | County Name:                                                                                                                                                                                                                         | Union                                                    |
|                                        | Address:                                                                                                                                                                                                                             | 29 Park Avenue, Berkeley Heights, New Jersey, 07922      |
|                                        | Subdivision Contact Name:                                                                                                                                                                                                            | Frank Mea Jr.                                            |
|                                        | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:fmea@bhpolice.org">fmea@bhpolice.org</a> |
| Fiscal Year: 2026                      |                                                                                                                                                                                                                                      |                                                          |
|                                        |                                                                                                                                                                                                                                      |                                                          |
| 1                                      | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$9,080.07                                               |
| 2                                      | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.01                                                   |
| 3                                      | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$59,706.98                                              |
| 4                                      | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds     |
| 5                                      | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                          |
| 6                                      | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$0.00                                                   |
|                                        | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                            |                                                          |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                                                                                                                                                                                                              | \$0.00      |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below.                                                                                                                                                                                                                                               | \$0.00      |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                                                                                                                                                                                                                                                                    | n/a         |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                                                                                                                                                                                                                                                                            | \$61,113.80 |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                                                                                                                                                                                                                 | n/a         |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                                                                                                                                                                                                                                | n/a         |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?<br><br>List all that apply, including, but not limited to, the following:<br><br>(1) Any evidence-based or evidence-informed practices or strategies;<br>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local | n/a         |

|      |                                                                                                                                                                                                                                                                              |       |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|      | Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;                                                                                                                                                                                       |       |
|      | (3) A needs assessment;                                                                                                                                                                                                                                                      |       |
|      | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |       |
|      | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |       |
| 13   | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No    |
| 14   | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | Other |
| 14a. | Please specify other.                                                                                                                                                                                                                                                        | none  |
| 15   | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No    |
|      | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |       |
| 16   | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No    |
|      |                                                                                                                                                                                                                                                                              |       |
| 17   | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                                                                                | No    |
|      |                                                                                                                                                                                                                                                                              |       |
|      | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                                                                                |       |
|      | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                                                                                     |       |
|      |                                                                                                                                                                                                                                                                              |       |
|      | If you reported spending any opioid abatement funds during the current                                                                                                                                                                                                       |       |

|  |                                                                                                                                                 |  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Subdivision: Clark Township      |                                                                                                                                                                                                                                      |                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ32                                                   |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                  |
|                                  | Address:                                                                                                                                                                                                                             | 430 Westfield Avenue, Clark, New Jersey, 07066         |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Christie Vieira                                        |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:cfo@ourclark.com">cfo@ourclark.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                        |
|                                  |                                                                                                                                                                                                                                      |                                                        |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$13,484.52                                            |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                 |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$88,739.74                                            |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds   |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                        |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$2,992.80                                             |

|     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                    | \$619.20                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br><br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                                  | \$47,590.14                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                       | During the reporting period (7/1/2025 – 6/30/2026), our subdivision’s overarching goals and values in the use of opioid abatement funds centered on strengthening emergency response capabilities and supporting public health initiatives. Funds were allocated toward the purchase of essential medical supplies, including Defib AED pads and related equipment, to ensure timely, effective intervention in opioid-related emergencies and enhance overall community safety. |

|    |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                           | The decision-making process for the allocation of opioid abatement funds during the reporting period (7/1/2025 – 6/30/2026) involved the oversight and approval of designated municipal officials. These included the Business Administrator, the Chief Financial Officer, and other relevant members of the township’s leadership responsible for evaluating community needs and ensuring the funds were used in accordance with state and local guidelines.                                                                                                                                                                                                                                                                                                  |
| 12 | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                    | <p>When determining how to allocate opioid abatement funds during the reporting period (7/1/2025 – 6/30/2026), our subdivision relied on several key resources to ensure that spending aligned with approved remediation strategies and demonstrated community need.</p> <p>These resources included:</p> <ul style="list-style-type: none"> <li>• Evidence-informed practices and strategies related to opioid harm reduction and emergency response.</li> <li>• An assessment of local needs, particularly those related to emergency preparedness and medical response capabilities.</li> </ul> <p>These resources guided decision-making and ensured that expenditures were appropriate, compliant, and responsive to documented community priorities.</p> |
|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory; |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | (3) A needs assessment;                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|     |                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
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| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                   | No                               |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                  | 1 - 2 years                      |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?<br>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                                                   | No                               |
| 15a | Can we post your strategic plan online?                                                                                                                                                                                                                                                                                                                                                        | No                               |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                             | No, but we plan to in the future |
|     |                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| 17  | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?<br><br>A) For new programs, use the "Add Program" tab to report on each new program.<br>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years. | Yes                              |

|       |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |
|       | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                                                                                                                                                      |
| 1     | What is the name/title of the program?                                                                                                                                                                                 | Acquisition of Medical Supplies                                                                                                                                                                                                      |
| 2     | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | N/A                                                                                                                                                                                                                                  |
| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | County or Municipality (including Departments and Municipal Alliances)                                                                                                                                                               |
| 4     | What is the primary problem being addressed by this program?                                                                                                                                                           | Opioid related emergencies                                                                                                                                                                                                           |
| 5     | Briefly describe the program's purpose and key activities.                                                                                                                                                             | Funds were allocated toward the purchase of essential medical supplies, including Defib AED pads and related equipment, to ensure timely, effective intervention in opioid-related emergencies and enhance overall community safety. |
| 6     | What is the target population for this program?                                                                                                                                                                        | Others                                                                                                                                                                                                                               |
| 6(a). | What is the target population for this program? - Others                                                                                                                                                               | All individuals throughout our community.                                                                                                                                                                                            |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                                     | 10/23/2025                                                                                                                                                                                                                           |
| 8     | What is the total amount of funding for this program?                                                                                                                                                                  | \$3,612.00                                                                                                                                                                                                                           |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                                                                                          | \$2,992.80                                                                                                                                                                                                                           |

|        |                                                                                                                                                        |                                                                                                                                                                                                                                             |
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| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$619.20                                                                                                                                                                                                                                    |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                                                                                               |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 10/23/2025                                                                                                                                                                                                                                  |
| 11     | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                                                                                               |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 0                                                                                                                                                                                                                                           |
| 13     | What is the intended impact of this program?                                                                                                           | During the reporting period (7/1/2025 – 6/30/2026), our subdivision's overarching goals and values in the use of opioid abatement funds centered on strengthening emergency response capabilities and supporting public health initiatives. |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                             |
|        | Other:                                                                                                                                                 | N/A                                                                                                                                                                                                                                         |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                          | Others:                                                                                                                                                                                                                                     |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                 | N/A                                                                                                                                                                                                                                         |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | To ensure timely, effective intervention in emergencies.                                                                                                                                                                                    |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Harm Reduction and Overdose Prevention                                                                                                                                                                                                      |
| 18     | The following are other categories that may apply (include all                                                                                         | None of the above                                                                                                                                                                                                                           |

|        |                                                                                                                                                                                                          |                                                                                                                                       |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
|        | categories with the exception of the Primary category you chose above).                                                                                                                                  |                                                                                                                                       |
| 18(a). | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).<br>- Others                                                       |                                                                                                                                       |
| 19     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                              |
| 20     | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | N/A                                                                                                                                   |
| 21     | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | N/A                                                                                                                                   |
| 22     | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                       |
|        |                                                                                                                                                                                                          |                                                                                                                                       |
|        |                                                                                                                                                                                                          |                                                                                                                                       |
|        | <b>2024 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                       |
| 1      | Program Name/Title                                                                                                                                                                                       | Training/Education                                                                                                                    |
| 2      | Have there been any modifications or expansions to this program since the initial report? :                                                                                                              | Yes, other modifications/expansions                                                                                                   |
|        | 2a) If yes, please explain:                                                                                                                                                                              | Operational Readiness for Police Officers: Practical Strategies for Addressing Opioid Use Disorder and Co-occurring Conditions course |
| 3      | Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)                                                                                                                                         | \$0.00                                                                                                                                |

|   |                                                                                                                                                                              |                                     |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                     |
|   | Other:                                                                                                                                                                       | N/A                                 |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                  |
| 6 | Last Updated Date :                                                                                                                                                          | 10/17/2025                          |
|   |                                                                                                                                                                              |                                     |
|   |                                                                                                                                                                              |                                     |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                     |
| 1 | Program Name/Title                                                                                                                                                           | Opioids Initiative                  |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, other modifications/expansions |
|   | 2a) If yes, please explain:                                                                                                                                                  | Education/Training                  |
| 3 | Amount expended in this reporting period (7/1/2022 - 6/30/ 2023)                                                                                                             | \$0                                 |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                     |
|   | Number of training/education sessions:                                                                                                                                       |                                     |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                  |
| 6 | Last Updated Date :                                                                                                                                                          | 9/25/2024                           |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Subdivision: Cranford Township   |                                                                                                                                                                                                                                      |                                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ38                                                                   |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                                  |
|                                  | Address:                                                                                                                                                                                                                             | 8 Springfield Avenue, Cranford, New Jersey, 07016                      |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Matthew Nazzaro                                                        |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:m-nazzaro@cranfordnj.org">m-nazzaro@cranfordnj.org</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                        |
|                                  |                                                                                                                                                                                                                                      |                                                                        |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$22,792.01                                                            |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                 |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$136,495.88                                                           |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                   |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                        |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$15,167.45                                                            |

|     |                                                                                                                                                               |             |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |             |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$0.00      |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00      |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |             |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | None        |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$64,245.12 |

|    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)? | This year, our funding allocation continued to work on our Law Enforcement Assisted Diversion abilities for those entering the criminal justice system. By maintaining a technological infrastructure to target pharmacy crimes, especially prescription frauds and burglaries that put opioids onto the streets, our agency focused on placing ALPR systems at major chokepoints in the Township that are near major pharmacies (including ones named in the Settlement agreement) to help identify those individuals perpetration crimes related to opioids and divert them from the criminal justice system to meaningful rehabilitative drug court options focused on recovery over incarceration. Similarly, we focused on offering opportunities for individuals to surrender unused prescription drugs from the streets through our mobile prescription dropoff program that complemented our "Coffee With A Cop" engagements. Lastly, we expanded our focus on deploying resources and personnel to partner with substance use disorder professionals during the Helping Hands 365 program, getting treatment, and connecting vulnerable (target) populations with counselors 24/7. |
| 11 | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                | Chief Matthew R. Nazzaro, Township Administrator/CFO Lavona Patterson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12 | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current                                                  | Evidence-based and evidence-informed practices and strategies - namely, Prevention Links of Union                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |
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|    | reporting period (7/1/2025 - 6/30/2026)?<br><br>List all that apply, including, but not limited to, the following:<br><br>(1) Any evidence-based or evidence-informed practices or strategies;<br>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;<br>(3) A needs assessment;<br>(4) A strategic plan; and/or<br>(5) An epidemiological analysis; | County and the Helping Hands 365 Program. Prevention of misuse of opioids - specifically through drug take-back programs for safe disposal by the Drug Enforcement Administration. |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                                                                                                                                                                                           | No                                                                                                                                                                                 |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 - 5 years                                                                                                                                                                        |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?<br>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                                                                                                                                                                                                                           | No                                                                                                                                                                                 |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                                                                                                                                                                 |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |

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|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 17 | <p>Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?</p> <p></p> <p>A) For new programs, use the "Add Program" tab to report on each new program.</p> <p>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.</p> <p></p> <p>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds.</p> | Yes                                                                                 |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |
| 1  | What is the name/title of the program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Law Enforcement Assisted Diversion - Pharmacy Fraud                                 |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Cranford Police Department                                                          |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | First Responders, Law Enforcement, and Emergency Services                           |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pharmacy Prescription Fraud                                                         |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Use LEAD near pharmacies to prevent opioid abuse.                                   |
| 6  | What is the target population for this program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs |

|     |                                                                                                                                                        |                                                                                                                                                                                                                     |
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| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 5/5/2026                                                                                                                                                                                                            |
| 8   | What is the total amount of funding for this program?                                                                                                  | \$10,318.00                                                                                                                                                                                                         |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$10,318.00                                                                                                                                                                                                         |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                                                                              |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                                                                                                                                                                                                            |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 5/5/2026                                                                                                                                                                                                            |
| 11  | Choose the duration of the program from the list below.                                                                                                | 1 year                                                                                                                                                                                                              |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 25                                                                                                                                                                                                                  |
| 13  | What is the intended impact of this program?                                                                                                           | By utilizing ALPR system, our goal is to reduce pharmacy-crimes related to prescription fraud, opioid abuse, and the illegal acquisition of opioids.                                                                |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                     |
|     | Other:                                                                                                                                                 | Reduction of calls for service at pharmacies - some included in the Settlement - for prescription fraud, burglaries.                                                                                                |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                                                                                                            |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | We plan on tracking the anticipated reduction of pharmacy/prescription opioid fraud and thefts through NIBRS reporting, CAD entries, and calls for service. So far, we have seen a reduction in reported incidents, |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                              |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                                                                                          | especially at Walgreens Pharmacy in Cranford.                                                                                                                                                                                                                                                                |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                                                                       |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | None of the above                                                                                                                                                                                                                                                                                            |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                                          |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | By reducing the public's access to opioids, which can lead to or be caused by mental health conditions, our ability to refer those affected by substance use disorder will be increased. Treatment is proven more effective than punitive actions taken by law enforcement.                                  |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The Township of Cranford went through the purchase requisition process by identifying credible vendors for ALPR systems, submitting this request through the Township's Procurement process overseen by the QPA and CFO), Township Committee Approval, and Township Resolution adoption at a public meeting. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                                              |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                              |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                              |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                              |

|     |                                                                                                                                                 |                                                                                            |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1   | What is the name/title of the program?                                                                                                          | Pop-Up Mobile Drug Take Back Program                                                       |
| 2   | List all agencies, organizations, or entities that received funding for this program.                                                           | Cranford Police Department                                                                 |
| 3   | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | First Responders, Law Enforcement, and Emergency Services                                  |
| 4   | What is the primary problem being addressed by this program?                                                                                    | Prevent Misuse of Opioids                                                                  |
| 5   | Briefly describe the program's purpose and key activities.                                                                                      | Create pop-up locations for the safe takeback and legal destruction of prescription pills. |
| 6   | What is the target population for this program?                                                                                                 | Members of the General Public                                                              |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 2/20/2026                                                                                  |
| 8   | What is the total amount of funding for this program?                                                                                           | \$1,845.61                                                                                 |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$1,845.61                                                                                 |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                               | \$0.00                                                                                     |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                 | One time only                                                                              |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                            | 2/20/2026                                                                                  |
| 11  | Choose the duration of the program from the list below.                                                                                         | Less than 1 year                                                                           |
| 12  | What is the number of unduplicated individuals served by this program?                                                                          | 75                                                                                         |

|    |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | What is the intended impact of this program?                                                                                                           | The purpose of this program is to offer a more regular, mobile prescription drug takeback program to complement the existing national takeback program offered annually. By putting officers with takeback containers at target-rich locations, the police department can increase its footprint in the community and bring the ease of disposal options to the resident, as opposed to requiring them to hold onto prescription medicine longer than necessary. Events held on 02/20/2026, 04/25/2026, 06/20/2026. |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | Increased community awareness (please describe):                                                                                                       | By increasing community awareness of safe alternatives to disposing of prescription narcotics, the public has increased its frequency of using the mobile drug takeback containers at these one-off events. Social media presence further demonstrates our commitment to advertise this viable disposal option.                                                                                                                                                                                                     |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | The purpose is to create a more convenient, frequent opportunity for residents, especially our senior citizen population, to safely dispose of their unused prescription pills - preventing them from entering the black market or contributing to substance use disorder in our community.                                                                                                                                                                                                                         |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                                                                                                                                   |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | None of the above                                                                                                                                                                                                                                                                                                                                                        |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                                                                                                      |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | This takeback program is a hyperlocal, periodic event with Cranford organized by the Cranford Police Department and aimed at encouraging the public to safely dispose of unused or expired medications. This initiative helps reduce the risk of prescription drug abused and accidental overdoses, particularly from opioids and other controlled dangerous substances. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | Funding for this program was mainly for police overtime to staff these mobile prescription pill disposal pop-up locations and senior housing centers, public coffee shops, and retail pharmacies.                                                                                                                                                                        |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
| 1  | What is the name/title of the program?                                                                                                                                                                   | Helping Hands 365 Mobilization                                                                                                                                                                                                                                                                                                                                           |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | Cranford Police Department                                                                                                                                                                                                                                                                                                                                               |

|       |                                                                                                                                                 |                                                                                                                                                                                                                               |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | First Responders, Law Enforcement, and Emergency Services;<br>Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)                                                                      |
| 4     | What is the primary problem being addressed by this program?                                                                                    | Providing access to treatment to exceptionally vulnerable populations who normally would not seek treatment options or have access to drug counselors.                                                                        |
| 5     | Briefly describe the program's purpose and key activities.                                                                                      | Those individuals who purchase illicit drugs, especially opioids in the form of heroin, fentanyl, and prescription pills, are being redirected into treatment opportunities at the moment they purchase illicit drugs.        |
| 6     | What is the target population for this program?                                                                                                 | Children and Young Adults - 19-24 (post-grad through college);<br>Individuals experiencing Homelessness;<br>Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs                               |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 6/2/2026                                                                                                                                                                                                                      |
| 8     | What is the total amount of funding for this program?                                                                                           | \$3,003.84                                                                                                                                                                                                                    |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$3,003.84                                                                                                                                                                                                                    |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                               | \$0.00                                                                                                                                                                                                                        |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                 | Others                                                                                                                                                                                                                        |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                        | When the program and initiative occur, the Cranford Police Department will deploy resources to partner with Prevention Links and the Union County Prosecutor's Office, which will, in turn, create a disbursement of funding. |

|    |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 7/1/2025                                                                                                                                                                                                                                                                                        |
| 11 | Choose the duration of the program from the list below.                                                                                                | 1 year                                                                                                                                                                                                                                                                                          |
| 12 | What is the number of unduplicated individuals served by this program?                                                                                 | 10                                                                                                                                                                                                                                                                                              |
| 13 | What is the intended impact of this program?                                                                                                           | The intended impact is to divert individuals from the Criminal Justice System and instead provide treatment opportunities that are subsidized by the State of New Jersey through programs managed by Prevention Links and the SFY 26 Operation Helping Hand (OHH) Grant Program.                |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                 |
|    | Number of participants served:                                                                                                                         | 10                                                                                                                                                                                                                                                                                              |
|    | Number of referrals to treatment                                                                                                                       | 10                                                                                                                                                                                                                                                                                              |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                                                                                                                                                                                        |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | Reduction of individuals injected into the Criminal Justice System, and the reduction of individuals who suffer an overdose as a result of substance use disorder. Tracking through traditional NIBRS data collection, as well as the monitoring of Narcan Deployments or reports of overdoses. |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Diversion and Re-entry Support                                                                                                                                                                                                                                                                  |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | Diversion and Re-entry Support;<br>Harm Reduction and Overdose Prevention;<br>Treatment                                                                                                                                                                                                         |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Treat Opioid Use Disorder (OUD),<br>Support People in Treatment and Recovery,<br>Address the Needs of Criminal Justice-Involved Persons,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                            |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | This program is an extension of the Operation Helping Hand (OHH) Grant Program offered through the State of New Jersey Department of Law and Public Safety - office of alternative and community responses.                                                                                   |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | This program is resource - or manpower - dependent. Normal specially training crisis intervention team (CIT) police officers who specialize in narcotics detection and eradication are the point-people for this initiative who partner with social workers and drug counselors in the field. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                               |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                                                          |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Subdivision: Elizabeth City      |                                                                                                                                                                                                                                      |                                                                                                          |
|                                  | State ID:                                                                                                                                                                                                                            | NJ54                                                                                                     |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                                                                    |
|                                  | Address:                                                                                                                                                                                                                             | 410 Rosehill Place, Elizabeth, New Jersey, 07202                                                         |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Stephanie Clervoyant-Noel                                                                                |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:stephanie.clervoyant-noel@elizabethnj.org">stephanie.clervoyant-noel@elizabethnj.org</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                                                          |
|                                  |                                                                                                                                                                                                                                      |                                                                                                          |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$254,623.62                                                                                             |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$3,385.96                                                                                               |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$1,360,994.10                                                                                           |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                                                     |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                                          |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please                                                                           | \$44,490.69                                                                                              |

|     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                      |
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|     | include dollars and cents (e.g., 100.23):                                                                                                                     |                                                                                                                                                                                                                                                                                      |
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                                                                                                                                                                                                                      |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$1,078.00                                                                                                                                                                                                                                                                           |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                                                                                                                                                                                                               |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                                                                                                                                                                                                                      |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | N/A                                                                                                                                                                                                                                                                                  |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$1,459,177.97                                                                                                                                                                                                                                                                       |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | During this reporting period, our opioid abatement strategy was grounded in a single overarching goal: to interrupt the pathway to substance use disorder before it begins, by investing in the young people who are most at risk and least served by traditional treatment systems. |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current                                                            | The Director of Health and Human Services and the City Council.                                                                                                                                                                                                                      |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                      |
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|     | reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                      |
| 12  | <p>Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?</p> <p>List all that apply, including, but not limited to, the following:</p> <p>(1) Any evidence-based or evidence-informed practices or strategies;</p> <p>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;</p> <p>(3) A needs assessment;</p> <p>(4) A strategic plan; and/or</p> <p>(5) An epidemiological analysis;</p> | Evidence based programming and Schedule B                                                                                                                                                                                            |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                                                                                                                                                                                                                  |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Our funds were used to support initiatives proposed by residents and other stakeholders who are participants in our Mayor's Wellness Committee, Overdose fatality Review team and Municipal Alliance Committee. These groups convene |

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|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | monthly to provide insights and offer ideas. |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 - 5 years                                  |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?<br>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                          |
| 15a | Can we post your strategic plan online?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No                                           |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No, but we plan to in the future             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |
| 17  | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?<br><br>A) For new programs, use the "Add Program" tab to report on each new program.<br>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.<br><br>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. | Yes                                          |

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|     |                                                                                                                                                 |                                                                                                                                   |
|     | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                   |
| 1   | What is the name/title of the program?                                                                                                          | LEAD                                                                                                                              |
| 2   | List all agencies, organizations, or entities that received funding for this program.                                                           | Elizabeth Police Department                                                                                                       |
| 3   | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | County or Municipality (including Departments and Municipal Alliances)                                                            |
| 4   | What is the primary problem being addressed by this program?                                                                                    | Youth substance misuse and the risk of opioid and drug use.                                                                       |
| 5   | Briefly describe the program's purpose and key activities.                                                                                      | The L.E.A.D. Program provides youth with substance misuse prevention education, decision-making skills to avoid opioid dependency |
| 6   | What is the target population for this program?                                                                                                 | Children and Young Adults - 0-13 (through 8th grade)                                                                              |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 1/30/2026                                                                                                                         |
| 8   | What is the total amount of funding for this program?                                                                                           | \$2,568.00                                                                                                                        |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$2,568.00                                                                                                                        |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                               | \$0.00                                                                                                                            |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                 | One time only                                                                                                                     |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                            | 1/30/2026                                                                                                                         |
| 11  | Choose the duration of the program from the list below.                                                                                         | One time only                                                                                                                     |
| 12  | What is the number of unduplicated individuals served by this program?                                                                          | 120                                                                                                                               |

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| 13 | What is the intended impact of this program?                                                                                                                                                             | Increase youth awareness of the dangers of opioid and substance misuse.                                      |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:                                                   |                                                                                                              |
|    | Number of participants served:                                                                                                                                                                           | 120                                                                                                          |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Annually                                                                                                     |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Increase youth knowledge and prevention skills. measured by pre/post surveys                                 |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Primary Prevention, Education, and Training                                                                  |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Harm Reduction and Overdose Prevention                                                                       |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids                                                                                    |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Provide age-appropriate substance misuse prevention education, skill-building, positive decision-making      |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The city of Elizabeth Procurement process includes pre approvals by the Director of HHS and purchasing agent |
| 22 | If you would like to provide any additional details about this                                                                                                                                           |                                                                                                              |

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|     | program not already included above, you may do so here.                                                                                         |                                                                                                                                     |
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|     |                                                                                                                                                 |                                                                                                                                     |
|     | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                     |
| 1   | What is the name/title of the program?                                                                                                          | Overdose Fatality Review Team                                                                                                       |
| 2   | List all agencies, organizations, or entities that received funding for this program.                                                           | City of Elizabeth Dept of Health and Human Services                                                                                 |
| 3   | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | County or Municipality (including Departments and Municipal Alliances)                                                              |
| 4   | What is the primary problem being addressed by this program?                                                                                    | Opioid overdose fatality-Settlement funds purchased meeting owl software and hardware to enable remote attendance at meetings.      |
| 5   | Briefly describe the program's purpose and key activities.                                                                                      | The purpose OFRT is to conduct confidential, multidisciplinary reviews of drug overdose deaths.                                     |
| 6   | What is the target population for this program?                                                                                                 | First Responders, Law Enforcement and other Emergency Responders; Healthcare Personnel and Workforce; Members of the General Public |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 2/2/2026                                                                                                                            |
| 8   | What is the total amount of funding for this program?                                                                                           | \$2,156.00                                                                                                                          |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$2,156.00                                                                                                                          |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                               | \$0.00                                                                                                                              |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                 | One time only                                                                                                                       |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                            | 5/1/2026                                                                                                                            |

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| 11 | Choose the duration of the program from the list below.                                                                                                                                                  | 5+ years                                                                                            |
| 12 | What is the number of unduplicated individuals served by this program?                                                                                                                                   | 100                                                                                                 |
| 13 | What is the intended impact of this program?                                                                                                                                                             | Identify system gaps-find missed opportunities for intervention and recommend prevention strategies |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:                                                   |                                                                                                     |
|    | Other:                                                                                                                                                                                                   | meetings attended by members                                                                        |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Monthly                                                                                             |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Decreased opioid fatalities                                                                         |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Harm Reduction and Overdose Prevention                                                              |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Primary Prevention, Education, and Training                                                         |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Overdose Deaths and Other Harms (Harm Reduction)<br>,Research                               |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Information provided and discussed online by collaborating organizations                            |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement                                                                             | City of Elizabeth Department of Purchasing approves all purchasing and payments to consultants      |

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|       | method identified was used for this program.                                                                                                    |                                                                                                                                   |
| 22    | If you would like to provide any additional details about this program not already included above, you may do so here.                          |                                                                                                                                   |
|       |                                                                                                                                                 |                                                                                                                                   |
|       |                                                                                                                                                 |                                                                                                                                   |
|       | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                   |
| 1     | What is the name/title of the program?                                                                                                          | Opioid Awareness Education & Prevention Services                                                                                  |
| 2     | List all agencies, organizations, or entities that received funding for this program.                                                           | City of Elizabeth - Building Future Leaders Youth Program                                                                         |
| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | County or Municipality (including Departments and Municipal Alliances)                                                            |
| 4     | What is the primary problem being addressed by this program?                                                                                    | The program addresses opioid and substances misuse among youth by providing prevention education.                                 |
| 5     | Briefly describe the program's purpose and key activities.                                                                                      | The program promotes healthy choices through opioid prevention education & positive engagement                                    |
| 6     | What is the target population for this program?                                                                                                 | Children and Young Adults - 14-18 (high school aged);<br>Children and Young Adults - 19-24 (post-grad through college);<br>Others |
| 6(a). | What is the target population for this program? - Others                                                                                        | Community Workers                                                                                                                 |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 11/20/2025                                                                                                                        |
| 8     | What is the total amount of funding for this program?                                                                                           | \$10,892.04                                                                                                                       |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$10,892.04                                                                                                                       |

|        |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                      |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                                                                                                                                                               |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                                                                                                                                                        |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 11/10/2025                                                                                                                                                                                                                                                                                           |
| 11     | Choose the duration of the program from the list below.                                                                                                | Less than 1 year                                                                                                                                                                                                                                                                                     |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 85                                                                                                                                                                                                                                                                                                   |
| 13     | What is the intended impact of this program?                                                                                                           | To increase awareness of opioid risks, help youth make informed and make healthy decisions, and create a more informed and prepared community capable of prevention opioid misuse.                                                                                                                   |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                      |
|        | Number of participants served:                                                                                                                         | 85                                                                                                                                                                                                                                                                                                   |
|        | Number of training/education sessions:                                                                                                                 | 7                                                                                                                                                                                                                                                                                                    |
|        | Number of services provided/encounters:                                                                                                                | 2                                                                                                                                                                                                                                                                                                    |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                          | Others:                                                                                                                                                                                                                                                                                              |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                 | At each session                                                                                                                                                                                                                                                                                      |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | increased opioid awareness and prevention knowledge will be measured through participant feedback, pre- and post-assessments, and observing changes in their understanding and ability to apply what they learned. Staff ability to recognize signs of opioid misuse measured by staff referrals and |

|    |                                                                                                                                                                                                          |                                                                                                                                                                         |
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|    |                                                                                                                                                                                                          | appropriate response to opioid use and/or emergency.                                                                                                                    |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Primary Prevention, Education, and Training                                                                                                                             |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Harm Reduction and Overdose Prevention                                                                                                                                  |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction), Training                                                                           |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Uses prevention education, positive youth development and healthy coping strategies to reduce opioid misuse                                                             |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The City of Elizabeth uses a purchase order process that includes pre approval from the program supervisor, director of health and human services and purchasing agent. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                         |
|    |                                                                                                                                                                                                          |                                                                                                                                                                         |
|    |                                                                                                                                                                                                          |                                                                                                                                                                         |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                         |
| 1  | What is the name/title of the program?                                                                                                                                                                   | NJ HEALTHY AGING SUMMIT: OPIOID SAFETY & ALTERNATIVES                                                                                                                   |

|       |                                                                                                                                                 |                                                                                                          |
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| 2     | List all agencies, organizations, or entities that received funding for this program.                                                           | City of Elizabeth - Division on Aging                                                                    |
| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | County or Municipality (including Departments and Municipal Alliances)                                   |
| 4     | What is the primary problem being addressed by this program?                                                                                    | Opioid Prescribing trends and increased risk of dependency, guidelines for safe use storage and disposal |
| 5     | Briefly describe the program's purpose and key activities.                                                                                      | Promoting safer alternatives for pain management, accessing resources and services.                      |
| 6     | What is the target population for this program?                                                                                                 | Others                                                                                                   |
| 6(a). | What is the target population for this program? - Others                                                                                        | Senior citizens 55+                                                                                      |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 9/26/2025                                                                                                |
| 8     | What is the total amount of funding for this program?                                                                                           | \$1,995.00                                                                                               |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                   | \$1,995.00                                                                                               |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                               | \$0.00                                                                                                   |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                 | One time only                                                                                            |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                            | 9/26/2025                                                                                                |
| 11    | Choose the duration of the program from the list below.                                                                                         | One time only                                                                                            |
| 12    | What is the number of unduplicated individuals served by this program?                                                                          | 55                                                                                                       |
| 13    | What is the intended impact of this program?                                                                                                    | The programs intents is to promote safe use of opioid in order to prevent addiction.                     |

|    |                                                                                                                                                                                                          |                                                                                                                                                   |
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| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following:                                                   |                                                                                                                                                   |
|    | Number of participants served:                                                                                                                                                                           | 55                                                                                                                                                |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Annually                                                                                                                                          |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | guidelines for safer use, storage and disposal as well as promoting safer alternatives for pain.                                                  |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Primary Prevention, Education, and Training                                                                                                       |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Harm Reduction and Overdose Prevention                                                                                                            |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Appropriate Opioid Prescribing and Dispensing,<br>Prevent Misuse of Opioids,<br>Training                                                          |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | guidelines for safer use, storage and disposal as well as promoting safer alternatives for pain.                                                  |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | City of Elizabeth utilizes a purchase order process, which requires approvals from program supervisors, the Director of HHS and Purchasing agent. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                   |
|    |                                                                                                                                                                                                          |                                                                                                                                                   |
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|   | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                             |
| 1 | Program Name/Title                                                                                                                                                           | Project Recover                                                                                                                                                                                                                                                             |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, other modifications/expansions                                                                                                                                                                                                                                         |
|   | 2a) If yes, please explain:                                                                                                                                                  | This year we added our POP UP Community Engagement: 12 (street corner sessions)<br>o Pop up are a collaboration of community partners who set up tables in areas of high overdose incidents (based on OD mapping) and supply harm reduction tools and brochure information. |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                             | \$27,317.32                                                                                                                                                                                                                                                                 |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                                                                                                                                                                                                                             |
|   | Number of participants served:                                                                                                                                               | 85                                                                                                                                                                                                                                                                          |
|   | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                                                    | · 20 Narcan Lockboxes<br>· 600 Narcan Doses                                                                                                                                                                                                                                 |
|   | Number of training/education sessions:                                                                                                                                       | 3                                                                                                                                                                                                                                                                           |
|   | Increased community awareness (please describe):                                                                                                                             | Conducted 12 pop up sessions on street corners                                                                                                                                                                                                                              |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                                                                                                                                                                                                                                                         |
|   | 5a) If yes, please explain:                                                                                                                                                  | · POP UP Community Engagement: 12 (street corner sessions)<br>o Pop up are a collaboration of community partners who set up tables in areas of high overdose incidents (based on OD mapping) and supply harm reduction tools and brochure information.                      |
| 6 | Last Updated Date :                                                                                                                                                          | 8/31/2026                                                                                                                                                                                                                                                                   |

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|   |                                                                                                                                                                              |                                          |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                          |
| 1 | Program Name/Title                                                                                                                                                           | Project Recover                          |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, other modifications/expansions      |
|   | 2a) If yes, please explain:                                                                                                                                                  | We do not have a risk assesement to date |
| 3 | Amount expended in this reporting period (7/1/2022 - 6/30/ 2023)                                                                                                             | \$0                                      |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                          |
|   | Other:                                                                                                                                                                       | no risk assesment                        |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                      |
|   | 5a) If yes, please explain:                                                                                                                                                  | We do not have a risk assesment to date  |
| 6 | Last Updated Date :                                                                                                                                                          | 9/25/2024                                |

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| <b>Opioid Settlement Funding Report</b> |                                                                                           |
| <b>Subdivision: Hillside Township</b>   |                                                                                           |
|                                         | State ID: NJ93                                                                            |
|                                         | County Name: Union                                                                        |
|                                         | Address: 1409 Liberty Avenue, Hillside, New Jersey,<br>07205                              |
|                                         | Subdivision Contact Name: Glynn Jones                                                     |
|                                         | Subdivision Contact Email: <a href="mailto:gjones@hillsidenj.us">gjones@hillsidenj.us</a> |
| <b>Fiscal Year: 2026</b>                |                                                                                           |
| <b>No Report Received</b>               |                                                                                           |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Subdivision: Linden City         |                                                                                                                                                                                                                                      |                                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ110                                                                  |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                                  |
|                                  | Address:                                                                                                                                                                                                                             | 134 Evergreen Place, Suite 301, East Orange, New Jersey, 07018         |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Tracey Cosby                                                           |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:traceycosbylaw@gmail.com">traceycosbylaw@gmail.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                        |
|                                  |                                                                                                                                                                                                                                      |                                                                        |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$108,572.68                                                           |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                 |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$624,360.74                                                           |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                   |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                        |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$26,639.43                                                            |

|     |                                                                                                                                                               |                                                                                  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                  |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$68,360.57                                                                      |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                           |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                  |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | N/A                                                                              |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$488,657.24                                                                     |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | Education and abatement of substance use                                         |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                   | City Stakeholders including police and fire chiefs, finance and attorney liaison |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?            | Evidence based informed practices and schedule b of approved remediation uses.   |
|     |                                                                                                                                                               |                                                                                  |

|     |                                                                                                                                                                                                                                                                              |                                                                                                                   |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
|     | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                                                                                                   |
|     | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                                                                                                   |
|     | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                                                                                                   |
|     | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                                                                   |
|     | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                                                                   |
|     | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                                                                   |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                                                               |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | Public panel forum, national night out appearance, community night out appearance and engagement with the public. |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 1 - 2 years                                                                                                       |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No, but we plan to in the future                                                                                  |
|     | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                                                                                                   |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No, but we plan to in the future                                                                                  |
|     |                                                                                                                                                                                                                                                                              |                                                                                                                   |

|    |                                                                                                                                                                                                                        |                                                                                                |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                                                            |
|    |                                                                                                                                                                                                                        |                                                                                                |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                                |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                                |
|    |                                                                                                                                                                                                                        |                                                                                                |
|    | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                |
|    |                                                                                                                                                                                                                        |                                                                                                |
|    |                                                                                                                                                                                                                        |                                                                                                |
|    |                                                                                                                                                                                                                        |                                                                                                |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                |
| 1  | What is the name/title of the program?                                                                                                                                                                                 | Linden Opioid Eradication and Abatement Program                                                |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | City of Linden engages consultants Stay on Course and Tammy Williams to facilitate the program |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | Community Based Organizations/Non-Governmental Organizations                                   |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                                           | Addiction                                                                                      |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                                             | The reduction and prevention of use and addiction of substances through education              |

|       |                                                                                                                                                        |                                                                                                                                                                |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6     | What is the target population for this program?                                                                                                        | Individuals experiencing Homelessness;<br>Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals who Use Drugs;<br>Members of the General Public |
| 7     | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 3/10/2026                                                                                                                                                      |
| 8     | What is the total amount of funding for this program?                                                                                                  | \$95,000.00                                                                                                                                                    |
| 8a.   | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$26,639.43                                                                                                                                                    |
| 8b.   | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$68,360.57                                                                                                                                                    |
| 9     | How often is your subdivision disbursing funds to this program?                                                                                        | Others                                                                                                                                                         |
| 9(a). | How often is your subdivision disbursing funds to this program? - Others                                                                               | As invoiced.                                                                                                                                                   |
| 10    | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 9/1/2023                                                                                                                                                       |
| 11    | Choose the duration of the program from the list below.                                                                                                | 2-3 years                                                                                                                                                      |
| 12    | What is the number of unduplicated individuals served by this program?                                                                                 | 50                                                                                                                                                             |
| 13    | What is the intended impact of this program?                                                                                                           | Reduce number of addicted persons and reduce number of persons who are introduced to substance use.                                                            |
| 14    | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                |
|       | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                              | Fentanyl strips and literature                                                                                                                                 |
|       | Number of training/education sessions:                                                                                                                 | 1                                                                                                                                                              |

|        |                                                                                                                                                                                                          |                                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | Number of services provided/encounters:                                                                                                                                                                  | 3                                                                                                                                                                                                |
|        | Increased community awareness (please describe):                                                                                                                                                         | Community night appearances, national night out appearances and educational panel forum.                                                                                                         |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Others:                                                                                                                                                                                          |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                                                                   | As discussed while we search for a statistician or demographer                                                                                                                                   |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Comparative data from the inception of the program in 2023 to the 5 year mark on number of reported overdoses.                                                                                   |
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Primary Prevention, Education, and Training                                                                                                                                                      |
| 18     | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Harm Reduction and Overdose Prevention;<br>Recovery Supports                                                                                                                                     |
| 19     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Connections to Care,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction),<br>Training                                                                      |
| 20     | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The use of behavioral health specialist, education through panel discussions and now the opening of the safe haven which will allow people to seek referrals to resources that address addiction |
| 21     | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The City of Linden uses a request for proposal process to engage consultants who facilitate the program under the guidance of the municipal attorney liaison and the ad hoc committee.           |
| 22     | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   | The program is always developing and the consultants receive input from the ad hoc committee and city stakeholders.                                                                              |

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|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                     |
|   |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                     |
|   | <b>2023 Fiscal Program List</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                     |
| 1 | Program Name/Title                                                                                                                                                           | Linden Opioid Abatement and Eradication program                                                                                                                                                                                                                                                                                                                     |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, modification to funding amount                                                                                                                                                                                                                                                                                                                                 |
|   | 2a) If yes, please explain:                                                                                                                                                  | The City expended monies for consultants ( administration of the program, Educational and Resource literature, consultant supplies including city of linden opioid abatement tee shirts, brochures, fentanyl strips, panel discussion, various appearances at community events for engagement and refreshments, stigma free decals for mental health and addiction. |
| 3 | Amount expended in this reporting period (7/1/2022 - 6/30/ 2023)                                                                                                             | \$26,639.43                                                                                                                                                                                                                                                                                                                                                         |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                                                                                                                                                                                                                                                                                                                     |
|   | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                                                    | 50 Fentanyl strips                                                                                                                                                                                                                                                                                                                                                  |
|   | Number of training/education sessions:                                                                                                                                       | 1                                                                                                                                                                                                                                                                                                                                                                   |
|   | Number of services provided/encounters:                                                                                                                                      | 3                                                                                                                                                                                                                                                                                                                                                                   |
|   | Increased community awareness (please describe):                                                                                                                             | National Night Out, Community Night, Social Media                                                                                                                                                                                                                                                                                                                   |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                 |

|   |                             |                                                                                                                                                                                                                   |
|---|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | 5a) If yes, please explain: | The City of Linden recently engaged a safe haven facility which kicked off in July 2026. This facility will open its doors with various resources as part of the linden opioid abatement and eradication program. |
| 6 | Last Updated Date :         | 9/13/2026                                                                                                                                                                                                         |

| Opioid Settlement Funding Report    |                                                                                                                                                                                                                                      |                                                              |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Subdivision: New Providence Borough |                                                                                                                                                                                                                                      |                                                              |
|                                     | State ID:                                                                                                                                                                                                                            | NJ155                                                        |
|                                     | County Name:                                                                                                                                                                                                                         | Union                                                        |
|                                     | Address:                                                                                                                                                                                                                             | 360 Elkwood Avenue, NEW PROVIDENCE, New Jersey, 07974        |
|                                     | Subdivision Contact Name:                                                                                                                                                                                                            | Bernadette Cuccaro                                           |
|                                     | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:bcuccaro@newprov.us">bcuccaro@newprov.us</a> |
| Fiscal Year: 2026                   |                                                                                                                                                                                                                                      |                                                              |
|                                     |                                                                                                                                                                                                                                      |                                                              |
| 1                                   | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$10,398.53                                                  |
| 2                                   | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                       |
| 3                                   | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$54,998.56                                                  |
| 4                                   | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds         |
| 5                                   | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                              |
| 6                                   | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$9,114.00                                                   |

|     |                                                                                                                                                               |                                                                                                                                                                                                  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                                                                                                                                  |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$0.00                                                                                                                                                                                           |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                                                                                                                           |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                                                                                                                                  |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       |                                                                                                                                                                                                  |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$25,089.61                                                                                                                                                                                      |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | To educate the public on Opioid use, treatment and disposal                                                                                                                                      |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                   | Borough Administrator, Public Information Officer, Municipal Alliance, Board of Education, Police, Fire and EMS                                                                                  |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?            | The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid |
|     |                                                                                                                                                               |                                                                                                                                                                                                  |

|    |                                                                                                                                                                                                                                                                              |                                                                          |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           | Litigation Recoveries" in conjunction with the needs of our stakeholders |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                                                          |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                                                          |
|    | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                          |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                          |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                          |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future                                            |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 1 - 2 years                                                              |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No, but we plan to in the future                                         |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                                                          |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No                                                                       |
|    |                                                                                                                                                                                                                                                                              |                                                                          |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                                                                                | Yes                                                                      |
|    |                                                                                                                                                                                                                                                                              |                                                                          |

|   |                                                                                                                                                                                                                        |                                        |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|   | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                        |
|   | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                        |
|   |                                                                                                                                                                                                                        |                                        |
|   | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                        |
|   |                                                                                                                                                                                                                        |                                        |
|   |                                                                                                                                                                                                                        |                                        |
|   |                                                                                                                                                                                                                        |                                        |
|   | <b>2025 Fiscal Program List</b>                                                                                                                                                                                        |                                        |
| 1 | Program Name/Title                                                                                                                                                                                                     | Opioid Awareness Campaign              |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                                                            | Yes, modification to funding amount    |
|   | 2a) If yes, please explain:                                                                                                                                                                                            | Continued with our awareness campaign. |
| 3 | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                                                                       | \$9,114.00                             |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                           |                                        |
|   | Number of participants served:                                                                                                                                                                                         | 13500                                  |
|   | Increased community awareness (please describe):                                                                                                                                                                       | how to prevent Opioid misuse           |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                                                                       | No                                     |
| 6 | Last Updated Date :                                                                                                                                                                                                    | 9/16/2026                              |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                                                  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Subdivision: Plainfield City     |                                                                                                                                                                                                                                      |                                                                                                  |
|                                  | State ID:                                                                                                                                                                                                                            | NJ182                                                                                            |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                                                            |
|                                  | Address:                                                                                                                                                                                                                             | 515 Watchung Avenue, Plainfield,<br>New Jersey, 07060                                            |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Beverley Morris-Gill                                                                             |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:beverley.morris-gill@plainfieldnj.gov">beverley.morris-gill@plainfieldnj.gov</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                                                  |
|                                  |                                                                                                                                                                                                                                      |                                                                                                  |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$130,877.20                                                                                     |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                                           |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$621,573.60                                                                                     |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                                             |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                                  |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$209,756.18                                                                                     |

|     |                                                                                                                                                               |                                                                                              |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                              |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$241,863.85                                                                                 |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                       |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                              |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | n/a                                                                                          |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$410,882.81                                                                                 |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | Police Training;<br>Iris House - a center for women;<br>Opioid booth at House Music Festival |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                   | Director of Health;<br>Director of Police Department;<br>Health Officer                      |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?            | Police Department, Health Department                                                         |
|     |                                                                                                                                                               |                                                                                              |

|     |                                                                                                                                                                                                                                                                              |                                  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|     | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                  |
|     |                                                                                                                                                                                                                                                                              |                                  |
|     | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                  |
|     | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                  |
|     | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                  |
|     | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                  |
|     | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                  |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future    |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 3 - 5 years                      |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | Yes                              |
|     | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                  |
| 15a | Can we post your strategic plan online?                                                                                                                                                                                                                                      | No                               |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No, but we plan to in the future |
|     |                                                                                                                                                                                                                                                                              |                                  |

|    |                                                                                                                                                                                                                        |                                                                                                                                                             |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                                                                                                                         |
|    |                                                                                                                                                                                                                        |                                                                                                                                                             |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                                                                                             |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                                                                                             |
|    |                                                                                                                                                                                                                        |                                                                                                                                                             |
|    | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                                                                             |
|    |                                                                                                                                                                                                                        |                                                                                                                                                             |
|    |                                                                                                                                                                                                                        |                                                                                                                                                             |
|    |                                                                                                                                                                                                                        |                                                                                                                                                             |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                                                                             |
| 1  | What is the name/title of the program?                                                                                                                                                                                 | JFK EMS                                                                                                                                                     |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | JFK Community Hospital Group                                                                                                                                |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | First Responders, Law Enforcement, and Emergency Services;<br>Hospital/Healthcare Provider<br>(including Mental Health or Substance Use Treatment Provider) |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                                           | EMS service for overdose use of opioid                                                                                                                      |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                                             | EMS service for overdose use of opioid                                                                                                                      |
| 6  | What is the target population for this program?                                                                                                                                                                        | First Responders, Law Enforcement and other Emergency Responders;<br>Individuals who Use Drugs;<br>Members of the General Public                            |

|     |                                                                                                                                                        |                                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 1/1/2026                                  |
| 8   | What is the total amount of funding for this program?                                                                                                  | \$250,000.00                              |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$0.00                                    |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$137,035.85                              |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                                  |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 1/1/2026                                  |
| 11  | Choose the duration of the program from the list below.                                                                                                | 2-3 years                                 |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 500                                       |
| 13  | What is the intended impact of this program?                                                                                                           | Helping individual with Opioid overdose   |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                           |
|     | Number of participants served:                                                                                                                         | 500                                       |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Monthly                                   |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | saving life of individual with opioid use |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Harm Reduction and Overdose Prevention    |
| 18  | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | Recovery Supports;<br>Treatment           |

|        |                                                                                                                                                                                                          |                                                              |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 18(a). | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others                                                          |                                                              |
| 19     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Overdose Deaths and Other Harms (Harm Reduction)     |
| 20     | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Prevent Overdose Deaths and other harms                      |
| 21     | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | we use state guided procurement method                       |
| 22     | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                              |
|        |                                                                                                                                                                                                          |                                                              |
|        |                                                                                                                                                                                                          |                                                              |
|        | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                              |
| 1      | What is the name/title of the program?                                                                                                                                                                   | IRIS House a Center for Women                                |
| 2      | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | Various vendor                                               |
| 3      | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                          | Community Based Organizations/Non-Governmental Organizations |
| 4      | What is the primary problem being addressed by this program?                                                                                                                                             | a center for women                                           |
| 5      | Briefly describe the program's purpose and key activities.                                                                                                                                               | Housing Women                                                |
| 6      | What is the target population for this program?                                                                                                                                                          | Members of the General Public                                |

|     |                                                                                                                                                        |                                        |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 7/1/2025                               |
| 8   | What is the total amount of funding for this program?                                                                                                  | \$82,760.20                            |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$64,760.20                            |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$18,000.00                            |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                               |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 7/1/2025                               |
| 11  | Choose the duration of the program from the list below.                                                                                                | 4-5 years                              |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 10                                     |
| 13  | What is the intended impact of this program?                                                                                                           | protecting women                       |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                        |
|     | Number of participants served:                                                                                                                         | 10                                     |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                               |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | housing women                          |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Housing                                |
| 18  | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | Harm Reduction and Overdose Prevention |

|    |                                                                                                                                                                                                          |                                                                                                                                                                 |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids                                                                                                                                       |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | prevent overdose of opioid                                                                                                                                      |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | we follow state guided procurement method                                                                                                                       |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                 |
|    |                                                                                                                                                                                                          |                                                                                                                                                                 |
|    |                                                                                                                                                                                                          |                                                                                                                                                                 |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                 |
| 1  | What is the name/title of the program?                                                                                                                                                                   | 2025 House Music Festival                                                                                                                                       |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | Various vendors                                                                                                                                                 |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                          | Community Based Organizations/Non-Governmental Organizations;<br>First Responders, Law Enforcement, and Emergency Services;<br>Private/For-profit Organizations |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                             | Opioid awareness                                                                                                                                                |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                               | Opioid awareness                                                                                                                                                |
| 6  | What is the target population for this program?                                                                                                                                                          | Children and Young Adults - 19-24 (post-grad through college);<br>Individuals who Use Drugs;<br>Members of the General Public                                   |

|     |                                                                                                                                                        |                                                  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 9/27/2025                                        |
| 8   | What is the total amount of funding for this program?                                                                                                  | \$231,823.98                                     |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$144,995.98                                     |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$86,828.00                                      |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                                         |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 9/27/2025                                        |
| 11  | Choose the duration of the program from the list below.                                                                                                | One time only                                    |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 6000                                             |
| 13  | What is the intended impact of this program?                                                                                                           | Promoted awareness about use of Opioid           |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                  |
|     | Number of participants served:                                                                                                                         | 6000                                             |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                         |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | Promoting awareness and education of Opioid use. |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Primary Prevention, Education, and Training      |
| 18  | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | Harm Reduction and Overdose Prevention           |

|    |                                                                                                                                                                                                          |                                                                               |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Overdose Deaths and Other Harms (Harm Reduction)                      |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | By Educating attendees on use of opioid and encourage prevention of overdose. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | we follow the state guided procurement process.                               |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   | n/a                                                                           |
|    |                                                                                                                                                                                                          |                                                                               |
|    |                                                                                                                                                                                                          |                                                                               |
|    | <b>2023 Fiscal Program List</b>                                                                                                                                                                          |                                                                               |
| 1  | Program Name/Title                                                                                                                                                                                       | Narcan                                                                        |
| 2  | Have there been any modifications or expansions to this program since the initial report? :                                                                                                              | Yes, other modifications/expansions                                           |
|    | 2a) If yes, please explain:                                                                                                                                                                              | Narcan is provided for free and the original \$60,000 has been canceled.      |
| 3  | Amount expended in this reporting period (7/1/2022 - 6/30/ 2023)                                                                                                                                         | \$0.00                                                                        |
| 4  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                             |                                                                               |
|    | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                                                                                | 0                                                                             |
| 5  | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                                                         | Yes                                                                           |

|   |                             |                                                              |
|---|-----------------------------|--------------------------------------------------------------|
|   | 5a) If yes, please explain: | \$60,000 previously reported is uncommitted as of 6/30/2024. |
| 6 | Last Updated Date :         | 9/2/2025                                                     |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                        |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Subdivision: Rahway City         |                                                                                                                                                                                                                                      |                                                                        |
|                                  | State ID:                                                                                                                                                                                                                            | NJ188                                                                  |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                                  |
|                                  | Address:                                                                                                                                                                                                                             | 1 City Hall Plaza, Rahway, New Jersey, 07065                           |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Andrea Alvare                                                          |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:aalvare@cityofrahway.com">aalvare@cityofrahway.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                        |
|                                  |                                                                                                                                                                                                                                      |                                                                        |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$129,649.46                                                           |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                 |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$372,200.18                                                           |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                   |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                        |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$11,217.23                                                            |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$343,757.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | The overarching goals and values focus on preventing substance misuse, promoting healthy decision-making, and fostering safe, supportive communities. We prioritize early intervention, youth education, and collaborative approaches that address root causes of addiction. This year's spending decisions were guided by these principles, directing funds toward enhancing community awareness and education through the implementation of the Law Enforcement Against Drugs & Violence (LEAD) curriculum for 6th |

|    |                                                                                                                                                                                                                                                                       |                                                                                                                                              |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                                                                                                                                                       | <p>graders. This program equips youth with the knowledge, skills, and resilience needed to make safe choices and avoid substance misuse.</p> |
| 11 | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                           | Health Department and Police Department                                                                                                      |
| 12 | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                    | Law Enforcement Against Drugs & Violence (LEAD) evidence based curriculum                                                                    |
|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                    |                                                                                                                                              |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                  |                                                                                                                                              |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory; |                                                                                                                                              |
|    | (3) A needs assessment;                                                                                                                                                                                                                                               |                                                                                                                                              |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                          |                                                                                                                                              |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                      |                                                                                                                                              |
|    |                                                                                                                                                                                                                                                                       |                                                                                                                                              |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                                                                                                                                                                                                                                                 | No, but plan to in the future    |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 - 2 years                      |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?<br>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                                                                                                                                                                                                                                                                                 | No, but we plan to in the future |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No, but we plan to in the future |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?<br><br>A) For new programs, use the "Add Program" tab to report on each new program.<br>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.<br><br>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. | Yes                              |

|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1 | What is the name/title of the program?                                                                                                          | 6th Grade Drug Prevention Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2 | List all agencies, organizations, or entities that received funding for this program.                                                           | Amazon Business,<br>Lili360 LLC.,<br>R&J Pizzeria,<br>UC Performing Arts Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3 | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | Private/For-profit Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4 | What is the primary problem being addressed by this program?                                                                                    | Youth Prevention education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5 | Briefly describe the program's purpose and key activities.                                                                                      | The drug prevention program for 6th graders is an evidence-based initiative designed to educate students about the risks associated with substance use, with a particular focus on opioids. The program is run by the Rahway Health Department and Rahway Police Department, in partnership with the Rahway Board of Education. It utilizes the Law Enforcement Against Drugs & Violence (LEAD) curriculum. This interactive program aims to enhance students' knowledge of drug risks, strengthen decision-making skills, and build confidence in resisting peer pressure. Through engaging activities, guided discussions, and real-life scenarios, participants learn about the consequences of drug use and develop healthy coping strategies for managing stress and emotional challenges. The program not only addresses substance use prevention but also fosters collaboration among community |

|     |                                                                                   |                                                                                                                                                                                                                                                                         |
|-----|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                   | stakeholders, emphasizing the importance of a supportive environment for youth. By equipping students with the skills and knowledge needed to make informed choices, the program seeks to reduce the likelihood of drug experimentation and promote overall well-being. |
| 6   | What is the target population for this program?                                   | Children and Young Adults - 0-13 (through 8th grade)                                                                                                                                                                                                                    |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 5/8/2026                                                                                                                                                                                                                                                                |
| 8   | What is the total amount of funding for this program?                             | \$12,000.00                                                                                                                                                                                                                                                             |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?     | \$11,217.23                                                                                                                                                                                                                                                             |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$0.00                                                                                                                                                                                                                                                                  |
| 9   | How often is your subdivision disbursing funds to this program?                   | Annually                                                                                                                                                                                                                                                                |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)              | 5/17/2024                                                                                                                                                                                                                                                               |

|    |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 | Choose the duration of the program from the list below.                | 2-3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 12 | What is the number of unduplicated individuals served by this program? | 220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 13 | What is the intended impact of this program?                           | <p>The intended impact of this program is to reduce the risk of substance use among youth by providing 6th-grade students with early, age-appropriate drug prevention education and the knowledge and skills needed to make healthy, informed decisions. Currently, there is no drug prevention program specifically targeting this age group, creating an opportunity for early intervention before substance use behaviors are established. The program is intended to increase students' understanding of the risks and consequences associated with substance use, including the potential for addiction following initial experimentation, with particular emphasis on opioids and other high-risk substances. Students will also develop practical strategies for responding to peer pressure, managing stress and emotional challenges, and making positive choices. By intervening before students are more likely to begin experimenting with substances, the program aims to strengthen protective factors, increase students' confidence in refusing drugs, and promote healthier coping and decision-making skills. In the longer term, the intended impact is to delay or prevent the initiation of substance use, reduce the likelihood of developing substance use disorders, and contribute to improved mental health and overall well-being among youth in the community.</p> |

|        |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|        | Number of participants served:                                                                                                                         | 220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                          | Others:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                 | Event specific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | <p>The program had a significant impact on participants by providing them with the knowledge and skills to make informed decisions about substance use. Using LEAD's evidence-based framework, the program offered interactive discussions, engaging activities, and age-appropriate educational content to help students understand the physical, emotional, and social risks of drug use. The LEAD curriculum emphasized the importance of resisting peer pressure and provided practical strategies for building self-confidence and resilience. By fostering open dialogue on healthy lifestyle choices and promoting mental and emotional well-being, the program empowered students to adopt positive coping mechanisms. Feedback from students and teachers showed that the program left a lasting impression, encouraging students to think critically about the long-term effects of drug use. As a preventive measure, it aimed to reduce the likelihood of drug experimentation during adolescence, a crucial time for forming lifelong behaviors.</p> |

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| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Primary Prevention, Education, and Training                                                                                                                                                                                                                                                                                                                                                                                                             |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | None of the above                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | This program will address opioid use disorder (OUD) and co-occurring substance use disorders (SUDs) or mental health conditions by leveraging evidence-based and evidence-informed practices embedded within the Law Enforcement Against Drugs & Violence (LEAD) curriculum. The program emphasizes early prevention by targeting youth, a critical period when foundational attitudes and behaviors toward substance use and mental health are formed. |

|    |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21 | <p>Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.</p> | <p>The program utilized a combination of in-house resources and local procurement for program-related goods and services. The educational component was conducted at no cost by trained staff from the Police Department and Health Department, utilizing existing personnel and departmental resources. For the program-related purchases, the Health Department utilized established municipal procurement procedures to obtain goods and services needed to support the event. A local vendor in close proximity to the school was selected for the event space, and a local food vendor was utilized to provide food for attendees. Educational and event-specific materials, including an inflatable brain and other teaching supplies, were purchased through Amazon. A vendor was also utilized to provide a photo booth as an engagement activity for students. These procurement methods were utilized to ensure that the program could be implemented efficiently and within the available budget while supporting local businesses whenever practical. Vendors were selected based on factors such as proximity to the school, availability, suitability of the goods or services, cost, and ability to meet the needs of the program. Utilizing trained Police Department and Health Department staff to conduct the educational portion also allowed the program to be delivered at no instructional cost while maximizing existing community resources.</p> |
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| 22 | If you would like to provide any additional details about this program not already included above, you may do so here. | N/A |
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| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                                |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Subdivision: Roselle Borough     |                                                                                                                                                                                                                                      |                                                                                |
|                                  | State ID:                                                                                                                                                                                                                            | NJ201                                                                          |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                                          |
|                                  | Address:                                                                                                                                                                                                                             | 108 West Third Ave, Roselle, New Jersey, 07203                                 |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Peggy Gorman                                                                   |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:pgorman@boroughofroselle.com">pgorman@boroughofroselle.com</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                                |
|                                  |                                                                                                                                                                                                                                      |                                                                                |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$30,127.82                                                                    |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                         |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$156,967.55                                                                   |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                           |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$28,530.53                                                                    |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                        |
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|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                                                                        |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                                                                                                                                                 |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                                 |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      |                                                                                                                                                                        |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$119,445.29                                                                                                                                                           |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | Spending funds on education and outreach with a partnership between Public Safety, Recreation, Health Departments, Prevention Links & Other Drug Treatment Agencies.   |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | The Interim Business Administrator, Council, Public Safety Professionals, Heath and Recreation Department Heads.                                                       |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                           | The Borough has engaged with its Council, Public safety Professionals, and the Interim Business Administrator to determine the best use of the funds. Data prepared by |

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
|      | <p>List all that apply, including, but not limited to, the following:</p> <p>(1) Any evidence-based or evidence-informed practices or strategies;</p> <p>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;</p> <p>(3) A needs assessment;</p> <p>(4) A strategic plan; and/or</p> <p>(5) An epidemiological analysis;</p> | the Borough's Opioid Task Force was also used.             |
| 13   | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                                                                                                                                                                  | No, but plan to in the future                              |
| 14   | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other                                                      |
| 14a. | Please specify other.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The Borough has decided spending allocations 6 months out. |
| 15   | <p>Does your subdivision have a strategic plan regarding the use of opioid abatement funds?</p> <p>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a</p>                                                                                                                                                                                                                                                                                                                                       | Yes                                                        |
| 15a  | Can we post your strategic plan online?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No                                                         |
| 16   | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                                         |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |

|    |                                                                                                                                                                                                                        |                                                                                              |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                                                          |
|    |                                                                                                                                                                                                                        |                                                                                              |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                              |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                              |
|    |                                                                                                                                                                                                                        |                                                                                              |
|    | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                              |
|    |                                                                                                                                                                                                                        |                                                                                              |
|    |                                                                                                                                                                                                                        |                                                                                              |
|    |                                                                                                                                                                                                                        |                                                                                              |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                              |
| 1  | What is the name/title of the program?                                                                                                                                                                                 | Employee Wellness 2026                                                                       |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Borough of Roselle                                                                           |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | County or Municipality (including Departments and Municipal Alliances)                       |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                                           | Opioid Education                                                                             |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                                             | Provide opioid education and recovery resources, treatment information and recovery programs |
| 6  | What is the target population for this program?                                                                                                                                                                        | Others                                                                                       |

|        |                                                                                                                                                        |                                                                                                                                |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 6(a).  | What is the target population for this program? - Others                                                                                               | Municipal Employees                                                                                                            |
| 7      | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 4/9/2026                                                                                                                       |
| 8      | What is the total amount of funding for this program?                                                                                                  | \$3,088.26                                                                                                                     |
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$3,088.26                                                                                                                     |
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                         |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                                                                                                                       |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 4/9/2026                                                                                                                       |
| 11     | Choose the duration of the program from the list below.                                                                                                | Others                                                                                                                         |
| 11(a). | Choose the duration of the program from the list below. - Others                                                                                       | Annually                                                                                                                       |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 125                                                                                                                            |
| 13     | What is the intended impact of this program?                                                                                                           | Provide opioid education and recovery resources                                                                                |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                |
|        | Other:                                                                                                                                                 | Provide awareness to our employees on opioid addiction thru educational materials, treatment information and recovery resource |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                       |
| 16     | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | Awareness of the opioid crisis.                                                                                                |

|        |                                                                                                                                                                                                          |                                                                         |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 17     | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Primary Prevention, Education, and Training                             |
| 18     | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Others                                                                  |
| 18(a). | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). - Others                                                          | Awareness of addiction to drugs and alcohol                             |
| 19     | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Training                                                                |
| 20     | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Awareness thru educational materials                                    |
| 21     | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | NJ procurement laws were followed.                                      |
| 22     | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                         |
|        |                                                                                                                                                                                                          |                                                                         |
|        |                                                                                                                                                                                                          |                                                                         |
|        | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                         |
| 1      | What is the name/title of the program?                                                                                                                                                                   | Roselle Opioid Task Force-House Music Festival                          |
| 2      | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | Roselle Opioid Task Force, Borough of Roselle                           |
| 3      | In which category or categories does each agency, organization, or entity that received funding for this                                                                                                 | County or Municipality (including Departments and Municipal Alliances); |

|        |                                                                                                                                                        |                                                                                                  |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
|        | program belong? Select all that apply.                                                                                                                 | First Responders, Law Enforcement, and Emergency Services                                        |
| 4      | What is the primary problem being addressed by this program?                                                                                           | Overdose Emergencies                                                                             |
| 5      | Briefly describe the program's purpose and key activities.                                                                                             | Proactive and strategically position response team, prepared to prevent overdoses and save lives |
| 6      | What is the target population for this program?                                                                                                        | Members of the General Public                                                                    |
| 7      | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 7/12/2025                                                                                        |
| 8      | What is the total amount of funding for this program?                                                                                                  | \$25,442.27                                                                                      |
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$25,442.27                                                                                      |
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                           |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | Annually                                                                                         |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 7/1/2025                                                                                         |
| 11     | Choose the duration of the program from the list below.                                                                                                | Others                                                                                           |
| 11(a). | Choose the duration of the program from the list below. - Others                                                                                       | As long as the Borough sponsors the Annual House Music Festival                                  |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 20000                                                                                            |
| 13     | What is the intended impact of this program?                                                                                                           | To be prepared to prevent overdoses and save lives.                                              |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                  |
|        | Number of participants served:                                                                                                                         | 37                                                                                               |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                              |
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|    | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                                                                                | Medical Go-Bag including AED, trauma and overdose care supplies. Minimum of 5 Narcan Kits per vehicle, replenished immediately upon usage.<br>5 vehicles.<br>Supplies in the Main Command Post.                                                                                              |
|    | Number of services provided/encounters:                                                                                                                                                                  | 37                                                                                                                                                                                                                                                                                           |
|    | Increased community awareness (please describe):                                                                                                                                                         | Located in the First Responder Area of the festival an Opioid Help Resource Table staffed by Task Force Members and partner organizations. Offered opioid education and recovery resources, narcan training and demonstration. Served as central hub for outreach and harm reduction efforts |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Annually                                                                                                                                                                                                                                                                                     |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Prevent overdoses and save lives.                                                                                                                                                                                                                                                            |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                                                       |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Primary Prevention, Education, and Training                                                                                                                                                                                                                                                  |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                          |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The Task Force Members are trained to interact with the public to provide education on overdose prevention. QR Codes on Off-Road Emergency Response Vehicles provide link to opioid resources, treatment information, and recovery programs.                                                 |

|    |                                                                                                                                                                           |                                                                                                                                                                |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | Since the Task Force is part of the Borough of Roselle, NJ State guidelines were followed for procurement of all supplies thru the borough encumbrance system. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    |                                                                                                                                                                |

| Opioid Settlement Funding Report  |                                                                                                                                                                                                                                      |                                                                  |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Subdivision: Roselle Park Borough |                                                                                                                                                                                                                                      |                                                                  |
|                                   | State ID:                                                                                                                                                                                                                            | NJ202                                                            |
|                                   | County Name:                                                                                                                                                                                                                         | Union                                                            |
|                                   | Address:                                                                                                                                                                                                                             | 110 East Westfield Avenue, Roselle Park, New Jersey, 07204       |
|                                   | Subdivision Contact Name:                                                                                                                                                                                                            | Ken Blum                                                         |
|                                   | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:kblum@rosellepark.net">kblum@rosellepark.net</a> |
| Fiscal Year: 2026                 |                                                                                                                                                                                                                                      |                                                                  |
|                                   |                                                                                                                                                                                                                                      |                                                                  |
| 1                                 | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$10,545.28                                                      |
| 2                                 | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                           |
| 3                                 | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$65,979.96                                                      |
| 4                                 | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds             |
| 5                                 | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                  |
| 6                                 | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$7,650.00                                                       |

|     |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                                                                                                                                                |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                                                                                                                                                                                                                         |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                                                                                                         |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | N/A. No Administrative charges were paid.                                                                                                                                                                                                      |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$23,229.96                                                                                                                                                                                                                                    |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | Looking to continue training for Police Officers for operational readiness for practice strategy for addressing Opioid use disorder and conditions training. Also, presentations for Middle School and High School students Anti-Drug message. |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | The Business Administrator spoke with the Board of Education Officials.                                                                                                                                                                        |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current                                                                                                                                    | Looking for anti-drug programs for middle school and high school youth.                                                                                                                                                                        |

|    |                                                                                                                                                                                                                                                                              |              |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|    | reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                                                                                                                     |              |
|    |                                                                                                                                                                                                                                                                              |              |
|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |              |
|    |                                                                                                                                                                                                                                                                              |              |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |              |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |              |
|    | (3) A needs assessment;                                                                                                                                                                                                                                                      |              |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |              |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |              |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No           |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 6 - 10 years |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No           |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |              |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No           |
|    |                                                                                                                                                                                                                                                                              |              |

|       |                                                                                                                                                                                                                        |                                  |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 17    | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                              |
|       |                                                                                                                                                                                                                        |                                  |
|       | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                  |
|       | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                  |
|       |                                                                                                                                                                                                                        |                                  |
|       | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                  |
|       |                                                                                                                                                                                                                        |                                  |
|       |                                                                                                                                                                                                                        |                                  |
|       |                                                                                                                                                                                                                        |                                  |
|       | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                  |
| 1     | What is the name/title of the program?                                                                                                                                                                                 | Matthew Bocchi Presentation      |
| 2     | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | MJPB Consulting LLC              |
| 3     | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | Others                           |
| 3(a). | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. - Others                                                               | Program for High School Students |
| 4     | What is the primary problem being addressed by this program?                                                                                                                                                           | Anti-Drug messaging              |

|        |                                                                                                                                                        |                                                                                            |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 5      | Briefly describe the program's purpose and key activities.                                                                                             | Training for students decision making, leadership, and anti-drug messaging.                |
| 6      | What is the target population for this program?                                                                                                        | Children and Young Adults - 14-18 (high school aged)                                       |
| 7      | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 4/16/2026                                                                                  |
| 8      | What is the total amount of funding for this program?                                                                                                  | \$7,650.00                                                                                 |
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$7,650.00                                                                                 |
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                     |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                              |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 3/3/2026                                                                                   |
| 11     | Choose the duration of the program from the list below.                                                                                                | One time only                                                                              |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 400                                                                                        |
| 13     | What is the intended impact of this program?                                                                                                           | Training for high school students for decision making, leadership and anti-drug messaging. |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                            |
|        | Number of training/education sessions:                                                                                                                 | 1                                                                                          |
| 15     | How frequently are you measuring the key performance indicators listed above?                                                                          | Others:                                                                                    |
| 15(a). | How frequently are you measuring the key performance indicators listed above? - Others                                                                 | one time presentation.                                                                     |

|    |                                                                                                                                                                                                          |                                                                                                         |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Training high school students for decision making, leadership and anti-drug messaging.                  |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Primary Prevention, Education, and Training                                                             |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Harm Reduction and Overdose Prevention                                                                  |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Training                                                                                                |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Training for high school students for decision making, leadership and anti-drug messaging.              |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | Municipal Alliance Coordinator, Business Administrator and School Nurse discussed and obtained a quote. |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                         |

| Opioid Settlement Funding Report    |                                                                                                                                                                                                                                      |                                                                                |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Subdivision: Scotch Plains Township |                                                                                                                                                                                                                                      |                                                                                |
|                                     | State ID:                                                                                                                                                                                                                            | NJ208                                                                          |
|                                     | County Name:                                                                                                                                                                                                                         | Union                                                                          |
|                                     | Address:                                                                                                                                                                                                                             | 430 Park Ave, Scotch Plains, New Jersey, 07076                                 |
|                                     | Subdivision Contact Name:                                                                                                                                                                                                            | Anders Hasseler                                                                |
|                                     | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:ahasseler@scotchplainsnj.com">ahasseler@scotchplainsnj.com</a> |
| Fiscal Year: 2026                   |                                                                                                                                                                                                                                      |                                                                                |
|                                     |                                                                                                                                                                                                                                      |                                                                                |
| 1                                   | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$16,131.71                                                                    |
| 2                                   | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$250.00                                                                       |
| 3                                   | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$122,238.42                                                                   |
| 4                                   | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                           |
| 5                                   | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                |
| 6                                   | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$1,288.69                                                                     |

|     |                                                                                                                                                                                                                                              |                                                     |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                     |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                              |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                              |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | N/A                                                 |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$99,740.66                                         |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | Education & prevention in schools                   |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | Recreation Director, Police Chief, Township Manager |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                           | evidence-based strategy, Schedule B                 |
|     |                                                                                                                                                                                                                                              |                                                     |

|     |                                                                                                                                                                                                                                                                              |                               |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
|     | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                               |
|     | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                               |
|     | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                               |
|     | (3) A needs assessment;                                                                                                                                                                                                                                                      |                               |
|     | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                               |
|     | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                               |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future |
| 14  | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 1 - 2 years                   |
| 15  | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | Yes                           |
|     | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                               |
| 15a | Can we post your strategic plan online?                                                                                                                                                                                                                                      | No                            |
| 16  | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | Yes                           |
|     |                                                                                                                                                                                                                                                                              |                               |
| 16a | Can we post your risk assessment online?                                                                                                                                                                                                                                     | No                            |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 17 | <p>Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?</p> <p></p> <p>A) For new programs, use the "Add Program" tab to report on each new program.</p> <p>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.</p> <p></p> <p>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds.</p> | Yes                                                                                                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |
| 1  | What is the name/title of the program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Think Purple                                                                                               |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Recreation, Police                                                                                         |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County or Municipality (including Departments and Municipal Alliances);<br>Schools, Colleges, Universities |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Prevention                                                                                                 |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Municipal-led prevention program for kids                                                                  |
| 6  | What is the target population for this program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Children and Young Adults - 0-13 (through 8th grade)                                                       |

|     |                                                                                                                                                        |                                             |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 10/15/2025                                  |
| 8   | What is the total amount of funding for this program?                                                                                                  | \$1,288.69                                  |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$1,288.69                                  |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                      |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Quarterly                                   |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 10/15/2025                                  |
| 11  | Choose the duration of the program from the list below.                                                                                                | 1 year                                      |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 440                                         |
| 13  | What is the intended impact of this program?                                                                                                           | Teach kids not to use opioids               |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                             |
|     | Number of participants served:                                                                                                                         | 440                                         |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                    |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | Teach kids not to use opioids               |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Primary Prevention, Education, and Training |
| 18  | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | Harm Reduction and Overdose Prevention      |

|    |                                                                                                                                                                                                          |                                                                                     |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction) |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Teach kids not to use opioids                                                       |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | NJ encumbrance system is the procurement method                                     |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                     |

| Opioid Settlement Funding Report                |                                                                                                                                                                                                                                      |                                                                                    |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Subdivision: Springfield Township, Union County |                                                                                                                                                                                                                                      |                                                                                    |
|                                                 | State ID:                                                                                                                                                                                                                            | NJ219                                                                              |
|                                                 | County Name:                                                                                                                                                                                                                         | Union                                                                              |
|                                                 | Address:                                                                                                                                                                                                                             | 100 Mountain Ave, Springfield, New Jersey, 07081                                   |
|                                                 | Subdivision Contact Name:                                                                                                                                                                                                            | Diane Sherry                                                                       |
|                                                 | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:diane.sherry@springfield-nj.us">diane.sherry@springfield-nj.us</a> |
| Fiscal Year: 2026                               |                                                                                                                                                                                                                                      |                                                                                    |
|                                                 |                                                                                                                                                                                                                                      |                                                                                    |
| 1                                               | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$17,986.86                                                                        |
| 2                                               | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                             |
| 3                                               | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$118,369.00                                                                       |
| 4                                               | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                               |
| 5                                               | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                                    |
| 6                                               | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$2,899.44                                                                         |

|     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                          |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                                                                                                                                                                                                                                                                                          |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$6,645.25                                                                                                                                                                                                                                                                                                                                               |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                                                                                                                                                                                                                                                                                   |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                                                                                                                                                                                                                                                                                          |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       | There were no administrative expenses spent during the current reporting period.                                                                                                                                                                                                                                                                         |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$106,983.47                                                                                                                                                                                                                                                                                                                                             |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | Our overarching goals were to properly equip first responders with the tools necessary to combat the effects of an opioid related overdose. Providing first responders with life saving equipment will increase the survivability of those experiencing an opioid related overdose, allowing them an opportunity to be introduced to recovery resources. |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                   | Police Department Administration, Township Business Administrator, Chief Financial Officer                                                                                                                                                                                                                                                               |

|      |                                                                                                                                                                                                                                                                              |                                                                      |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 12   | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                           | (3) A needs assessment                                               |
|      |                                                                                                                                                                                                                                                                              |                                                                      |
|      | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                                                      |
|      |                                                                                                                                                                                                                                                                              |                                                                      |
|      | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                                                      |
|      | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                                                      |
|      | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                      |
|      | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                      |
|      | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                      |
| 13   | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No, but plan to in the future                                        |
| 14   | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | Other                                                                |
| 14a. | Please specify other.                                                                                                                                                                                                                                                        | No future settlement spending allocations have already been decided. |
| 15   | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No, but we plan to in the future                                     |
|      | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |                                                                      |

|    |                                                                                                                                                                                                                        |                                                           |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                     | No, but we plan to in the future                          |
|    |                                                                                                                                                                                                                        |                                                           |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                          | Yes                                                       |
|    |                                                                                                                                                                                                                        |                                                           |
|    | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                           |
|    | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                           |
|    |                                                                                                                                                                                                                        |                                                           |
|    | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                           |
|    |                                                                                                                                                                                                                        |                                                           |
|    |                                                                                                                                                                                                                        |                                                           |
|    |                                                                                                                                                                                                                        |                                                           |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                           |
| 1  | What is the name/title of the program?                                                                                                                                                                                 | Rapid Deployment Medical Supply Bag                       |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Springfield Police Department                             |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | First Responders, Law Enforcement, and Emergency Services |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                                           | Opioid Overdose Deaths                                    |

|     |                                                                                                                                                        |                                                                                                                                                                                                                                                                                             |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5   | Briefly describe the program's purpose and key activities.                                                                                             | Equip officers with rapid deployment medical supply bags, equipped with Narcan, to more effectively treat patients suffering from an opioid overdose.                                                                                                                                       |
| 6   | What is the target population for this program?                                                                                                        | Individuals who Use Drugs                                                                                                                                                                                                                                                                   |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                     | 4/17/2026                                                                                                                                                                                                                                                                                   |
| 8   | What is the total amount of funding for this program?                                                                                                  | \$6,646.25                                                                                                                                                                                                                                                                                  |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$0.00                                                                                                                                                                                                                                                                                      |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                                                                                                                                                      |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                                                                                                                                               |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 4/17/2026                                                                                                                                                                                                                                                                                   |
| 11  | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                                                                                                                                               |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 15                                                                                                                                                                                                                                                                                          |
| 13  | What is the intended impact of this program?                                                                                                           | One of the greatest tools first responders can deploy in the battle against opioid addiction is Narcan. The purchase of these medical supply bags will provide Law Enforcement Officers with quick access to medical supplies, such as Narcan, so they can quickly treat a patient in need. |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                                                             |
|     | Number of participants served:                                                                                                                         | 15                                                                                                                                                                                                                                                                                          |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | This program aims to improve the survivability of a patient experiencing an opioid overdose by providing a mechanism to Law Enforcement Officers to treat patients quickly. Medical supply bags for quick deployment allow for more efficient and effective treatment. We plan to measure this impact by tracking the number of patients treated annually.                                                                                                                                                                                                                                 |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The effectiveness of Narcan is greatly determined on the swiftness of its deployment. Law Enforcement Officers already carry many pounds of equipment from their duty firearm, to handcuffs, to OC spray. Carrying Narcan is not always practical to always carry on an Officer's duty belt. Maintaining a quick deployment medical supply bag would be critical in treating patients suffering from an opioid overdose. These bags would be equipped with Narcan, and other lifesaving medical supplies, to help increase the survivability of the opioid overdose patients we encounter. |

|     |                                                                                                                                                                           |                                                                                                                                                                                                                                                             |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21  | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program. | The Township of Springfield went through the purchase requisition process by identifying credible vendors for medical supply bags and submitting this request through the Township's procurement process, which is overseen by the Chief Financial Officer. |
| 22  | If you would like to provide any additional details about this program not already included above, you may do so here.                                                    |                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                           |                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                           |                                                                                                                                                                                                                                                             |
|     | <b>2026 Fiscal Program List</b>                                                                                                                                           |                                                                                                                                                                                                                                                             |
| 1   | What is the name/title of the program?                                                                                                                                    | Project Lifesaver                                                                                                                                                                                                                                           |
| 2   | List all agencies, organizations, or entities that received funding for this program.                                                                                     | Springfield Police Department                                                                                                                                                                                                                               |
| 3   | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                           | First Responders, Law Enforcement, and Emergency Services                                                                                                                                                                                                   |
| 4   | What is the primary problem being addressed by this program?                                                                                                              | Opioid Overdose Deaths                                                                                                                                                                                                                                      |
| 5   | Briefly describe the program's purpose and key activities.                                                                                                                | : Deployment of defibrillators to treat cardiac arrest in opioid overdose patients.                                                                                                                                                                         |
| 6   | What is the target population for this program?                                                                                                                           | Individuals who Use Drugs                                                                                                                                                                                                                                   |
| 7   | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                        | 4/21/2026                                                                                                                                                                                                                                                   |
| 8   | What is the total amount of funding for this program?                                                                                                                     | \$2,899.44                                                                                                                                                                                                                                                  |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                                             | \$2,899.44                                                                                                                                                                                                                                                  |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                                         | \$0.00                                                                                                                                                                                                                                                      |

|    |                                                                                                                                                        |                                                                                                                                                                                                                                                               |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9  | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                                                                                                                 |
| 10 | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 4/21/2026                                                                                                                                                                                                                                                     |
| 11 | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                                                                                                                 |
| 12 | What is the number of unduplicated individuals served by this program?                                                                                 | 5                                                                                                                                                                                                                                                             |
| 13 | What is the intended impact of this program?                                                                                                           | By purchasing and equipping our Officers with defibrillators, we intend to treat opioid overdose patients, who are experiencing cardiac arrest. The goal would be to restore normal heart rhythm in the patient, increasing the chance for recovery.          |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                                                               |
|    | Number of participants served:                                                                                                                         |                                                                                                                                                                                                                                                               |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                                                                                                                                                      |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | This program aims to improve the survivability of a patient experiencing cardiac arrest due to an opioid overdose by providing more lifesaving tools to first responders. We plan to measure this impact by tracking the number of patients treated annually. |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Harm Reduction and Overdose Prevention                                                                                                                                                                                                                        |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | Treatment                                                                                                                                                                                                                                                     |
| 19 | Select the "Schedule B" approved strategy or strategies that best                                                                                      | Prevent Misuse of Opioids, Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                           |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | match the primary focus of this program.                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                 |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The main goal of any program addressing opioid use disorder is to preserve life. By deploying modern, effective defibrillator systems in the field, first responders would be able to provide more advanced life support in the effort of reversing an opioid overdose. This would give the patient a chance to pursue rehabilitative services. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | The Township of Springfield went through the purchase requisition process by identifying credible vendors for defibrillator systems and submitting this request through the Township's procurement process, which is overseen by the Chief Financial Officer.                                                                                   |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                                          |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Subdivision: Summit City         |                                                                                                                                                                                                                                      |                                                                          |
|                                  | State ID:                                                                                                                                                                                                                            | NJ221                                                                    |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                                    |
|                                  | Address:                                                                                                                                                                                                                             | 512 Springfield Ave, Summit, New Jersey, 07901                           |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Tammie Baldwin                                                           |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:tbaldwin@cityofsummit.org">tbaldwin@cityofsummit.org</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                                          |
|                                  |                                                                                                                                                                                                                                      |                                                                          |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$253,600.31                                                             |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                   |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$1,096,911.51                                                           |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                     |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                          |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$67,615.80                                                              |

|     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                     |                                                                                                                                                                                                                                                                                                                         |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)? | \$117,273.72                                                                                                                                                                                                                                                                                                            |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?       | \$0.00                                                                                                                                                                                                                                                                                                                  |
|     | You must also provide details about administrative expenses in Question 8a below.                                                                             |                                                                                                                                                                                                                                                                                                                         |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                       |                                                                                                                                                                                                                                                                                                                         |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                               | \$884,830.36                                                                                                                                                                                                                                                                                                            |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?    | The overarching goals of the City of Summit's Opioid Funding Distribution Task Force are aligned with the purpose of the fund's distribution from the settlements; reduce overdose deaths, improve access to treatment and address the social determinants of health, such as housing stability and economic stability. |

|     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
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| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                                  | Members of the Opioid Distribution Task Force include: the Mayor, City Administrator/CFO, The Mayor, Two Councilmembers, Chief of Police, or Designee, Fire Chief, or Designee, Superintendent of Schools, or Designee, Board of Health Member, and Summit EMS member |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                                           | 1,2, and 3                                                                                                                                                                                                                                                            |
|     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
|     | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
|     | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                       |
|     | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |                                                                                                                                                                                                                                                                       |
|     | (3) A needs assessment;                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |
|     | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                       |
|     | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                       |
| 13  | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | Yes                                                                                                                                                                                                                                                                   |
| 13a | If yes, provide details about your public engagement/input efforts.                                                                                                                                                                                                          | Public engagement included opioid information being distributed in quarterly newsletters to residents.                                                                                                                                                                |

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 14   | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other                                    |
| 14a. | Please specify other.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | one to two years                         |
| 15   | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?<br>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                                                                                                                                                                                                                                                                                 | No, but we plan to in the future         |
| 16   | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No                                       |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
| 17   | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?<br><br>A) For new programs, use the "Add Program" tab to report on each new program.<br>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.<br><br>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. | Yes                                      |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
|      | <b>2026 Fiscal Program List</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
| 1    | What is the name/title of the program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Addiction Coordination Treatment Officer |

|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | List all agencies, organizations, or entities that received funding for this program.                                                           | City of Summit Police                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3 | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | County or Municipality (including Departments and Municipal Alliances)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4 | What is the primary problem being addressed by this program?                                                                                    | provide connections to care and programs for at risk and those with OUD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5 | Briefly describe the program's purpose and key activities.                                                                                      | provide outreach, intervention, and follow-up to individuals experiencing mental health, substance use, and opioid use disorders (OUD), connecting them with appropriate treatment, recovery, housing, social service, and behavioral health resources while coordinating with service providers and community partners to promote long-term stability and reduce repeat crisis encounters.                                                                                                                                                                                                          |
| 6 | What is the target population for this program?                                                                                                 | Children and Young Adults - 0-13 (through 8th grade);<br>Children and Young Adults - 14-18 (high school aged);<br>Children and Young Adults - 19-24 (post-grad through college);<br>First Responders, Law Enforcement and other Emergency Responders;<br>Healthcare Personnel and Workforce;<br>Individuals experiencing Homelessness;<br>Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals involved with the Criminal Justice System;<br>Individuals who Use Drugs;<br>Members of the General Public;<br>Pregnant and Parenting Individuals and their Families, including Babies |

|        |                                                                                   |                                                                    |
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|        |                                                                                   | with Neonatal Abstinence Syndrome;<br>Others                       |
| 6(a).  | What is the target population for this program? - Others                          | seniors and veterans                                               |
| 7      | On what date was this program funded? (Use the format MM/DD/YYYY.)                | 4/1/2026                                                           |
| 8      | What is the total amount of funding for this program?                             | \$11,906.62                                                        |
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?     | \$11,906.62                                                        |
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent? | \$0.00                                                             |
| 9      | How often is your subdivision disbursing funds to this program?                   | Others                                                             |
| 9(a).  | How often is your subdivision disbursing funds to this program? - Others          | per pay                                                            |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)              | 6/1/2026                                                           |
| 11     | Choose the duration of the program from the list below.                           | Others                                                             |
| 11(a). | Choose the duration of the program from the list below. - Others                  | as needed while funding is available and the program is beneficial |

|    |                                                                                                                                                        |                                                                                                                                                                                                                          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12 | What is the number of unduplicated individuals served by this program?                                                                                 | 50                                                                                                                                                                                                                       |
| 13 | What is the intended impact of this program?                                                                                                           | to provide support, resources and care for individuals experiencing OUD or at risk for OUD                                                                                                                               |
| 14 | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                                          |
|    | Number of participants served:                                                                                                                         | 50                                                                                                                                                                                                                       |
|    | Number of services provided/encounters:                                                                                                                | 70                                                                                                                                                                                                                       |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                          | Monthly                                                                                                                                                                                                                  |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | provide and connect individuals experiencing OUD or at-risk individuals to resources to aid them in treatment, recovery and stability. A key measurement is a reduction in repeat calls for service for same individual. |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Wraparound and Connected Care Supports                                                                                                                                                                                   |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | Harm Reduction and Overdose Prevention;<br>Housing;<br>Primary Prevention, Education, and Training;<br>Recovery Supports;<br>Treatment                                                                                   |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                             | Support People in Treatment and Recovery,<br>Connections to Care,<br>Address the Needs of Criminal Justice-Involved Persons,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction)                                 |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | The program uses a collaborative, person-centered approach to connect individuals with qualified behavioral health, substance use treatment, and community-based providers while providing follow-up and coordination intended to improve engagement in care and reduce repeated crisis encounters. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | offsetting a portion of the salary for this full time position                                                                                                                                                                                                                                      |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |
| 1  | What is the name/title of the program?                                                                                                                                                                   | Opioid Use Disorder Communications                                                                                                                                                                                                                                                                  |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | City of Summit                                                                                                                                                                                                                                                                                      |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                          | County or Municipality (including Departments and Municipal Alliances)                                                                                                                                                                                                                              |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                             | Informing the public about OUD and resources for help                                                                                                                                                                                                                                               |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                               | To educate the public on OUD and the resources available for help                                                                                                                                                                                                                                   |
| 6  | What is the target population for this program?                                                                                                                                                          | Members of the General Public                                                                                                                                                                                                                                                                       |
| 7  | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                       | 1/1/2026                                                                                                                                                                                                                                                                                            |
| 8  | What is the total amount of funding for this program?                                                                                                                                                    | \$4,375.40                                                                                                                                                                                                                                                                                          |

|     |                                                                                                                                                        |                                                                                               |
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| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$3,525.20                                                                                    |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$850.00                                                                                      |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Quarterly                                                                                     |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 1/1/2026                                                                                      |
| 11  | Choose the duration of the program from the list below.                                                                                                | 2-3 years                                                                                     |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 22000                                                                                         |
| 13  | What is the intended impact of this program?                                                                                                           | To educate the general public on OUD and resources available for help                         |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                               |
|     | Number of participants served:                                                                                                                         | 22000                                                                                         |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Quarterly                                                                                     |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | The program aims to educate the public about OUD and provide information on helpful resources |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Primary Prevention, Education, and Training                                                   |
| 18  | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | Harm Reduction and Overdose Prevention;<br>Recovery Supports;<br>Treatment                    |
| 19  | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                             | Connections to Care,<br>Prevent Misuse of Opioids                                             |

|    |                                                                                                                                                                                                          |                                                                                                                                                                              |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Education about the resources available for treatment may assist individuals in seeking treatment or helping someone with OUD.                                               |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | follow NJ municipal purchasing law                                                                                                                                           |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                              |
|    |                                                                                                                                                                                                          |                                                                                                                                                                              |
|    |                                                                                                                                                                                                          |                                                                                                                                                                              |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                                                              |
| 1  | What is the name/title of the program?                                                                                                                                                                   | Police Safety & Harm Reduction Program                                                                                                                                       |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | City of Summit Police                                                                                                                                                        |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                          | County or Municipality (including Departments and Municipal Alliances)                                                                                                       |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                             | Need for first responders to rapidly access, provide life saving treatment to, and safely transport individuals experiencing opioid overdoses or related medical emergencies |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                               | Various equipment purchased to treat and access overdose victims with emergency care                                                                                         |
| 6  | What is the target population for this program?                                                                                                                                                          | Individuals who Use Drugs                                                                                                                                                    |
| 7  | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                       | 1/1/2026                                                                                                                                                                     |

|        |                                                                                                                                                        |                                                                                                                                                                                                            |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8      | What is the total amount of funding for this program?                                                                                                  | \$54,992.70                                                                                                                                                                                                |
| 8a.    | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$52,183.98                                                                                                                                                                                                |
| 8b.    | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$2,808.00                                                                                                                                                                                                 |
| 9      | How often is your subdivision disbursing funds to this program?                                                                                        | Others                                                                                                                                                                                                     |
| 9(a).  | How often is your subdivision disbursing funds to this program? - Others                                                                               | as needed and funding is available                                                                                                                                                                         |
| 10     | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 1/1/2026                                                                                                                                                                                                   |
| 11     | Choose the duration of the program from the list below.                                                                                                | Others                                                                                                                                                                                                     |
| 11(a). | Choose the duration of the program from the list below. - Others                                                                                       | as needed when funding is available                                                                                                                                                                        |
| 12     | What is the number of unduplicated individuals served by this program?                                                                                 | 2                                                                                                                                                                                                          |
| 13     | What is the intended impact of this program?                                                                                                           | improve the speed, safety, and effectiveness of first responder response to opioid overdoses, increasing the likelihood of successful life saving intervention and timely access to emergency medical care |
| 14     | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                                            |
|        | Number of participants served:                                                                                                                         | 2                                                                                                                                                                                                          |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Other:                                                                                                                                                                                                   | Key performance indicators will include the number of opioid-related emergency responses, naloxone administrations on patients, emergency entries utilizing breaching equipment, use of medical kits and disposable litters, overdose patients successfully stabilized and transferred to EMS, and documented instances where the equipment improved the timeliness or effectiveness of the Department's response. |
| 15 | How frequently are you measuring the key performance indicators listed above?                                                                                                                            | Annually                                                                                                                                                                                                                                                                                                                                                                                                           |
| 16 | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                                                                                | Assist law enforcement in accessing and treating individuals who have overdosed. An annual review of number of individuals served                                                                                                                                                                                                                                                                                  |
| 17 | Primary Category (Please select the category that fits the primary focus of this program):                                                                                                               | Treatment                                                                                                                                                                                                                                                                                                                                                                                                          |
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | None of the above                                                                                                                                                                                                                                                                                                                                                                                                  |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Treat Opioid Use Disorder (OUD), Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                                                                                                                                                                                                                                                          |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Will assist first responders in saving overdose victims from dying                                                                                                                                                                                                                                                                                                                                                 |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | follow NJ municipal purchasing laws                                                                                                                                                                                                                                                                                                                                                                                |

|    |                                                                                                                                                 |                                                                                                                                                                                                                                                                         |
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| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                          |                                                                                                                                                                                                                                                                         |
|    |                                                                                                                                                 |                                                                                                                                                                                                                                                                         |
|    |                                                                                                                                                 |                                                                                                                                                                                                                                                                         |
|    | <b>2026 Fiscal Program List</b>                                                                                                                 |                                                                                                                                                                                                                                                                         |
| 1  | What is the name/title of the program?                                                                                                          | Summit Street Outreach                                                                                                                                                                                                                                                  |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                           | Bridgeway Behavioral Health Services                                                                                                                                                                                                                                    |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply. | Hospital/Healthcare Provider (including Mental Health or Substance Use Treatment Provider)                                                                                                                                                                              |
| 4  | What is the primary problem being addressed by this program?                                                                                    | The city is home to Overlook Hospital and Summit Oaks Hospital, Bridgeway Case management helps to support and connect those discharged with programs and resources they need. They serve those individuals with OUD and those at risk for OUD.                         |
| 5  | Briefly describe the program's purpose and key activities.                                                                                      | Provide case management services to individuals with OUD and at risk for OUD including; temporary housing, connections to substance abuse treatment centers, long term rehab placement, provide information on benefits and resources that individuals are eligible for |
| 6  | What is the target population for this program?                                                                                                 | Individuals experiencing Homelessness;<br>Individuals in Recovery;<br>Individuals in Treatment;<br>Individuals who Use Drugs                                                                                                                                            |
| 7  | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                              | 3/3/2026                                                                                                                                                                                                                                                                |

|     |                                                                                                                                                        |                                                                                                                                                                                       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8   | What is the total amount of funding for this program?                                                                                                  | \$113,615.00                                                                                                                                                                          |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$0.00                                                                                                                                                                                |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$113,615.00                                                                                                                                                                          |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | Quarterly                                                                                                                                                                             |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 4/1/2026                                                                                                                                                                              |
| 11  | Choose the duration of the program from the list below.                                                                                                | 1 year                                                                                                                                                                                |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 63                                                                                                                                                                                    |
| 13  | What is the intended impact of this program?                                                                                                           | To provide support, case management and connections to services and programs for individuals with OUD and at-risk individuals.                                                        |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                                       |
|     | Number of participants served:                                                                                                                         | 63                                                                                                                                                                                    |
|     | Number of services provided/encounters:                                                                                                                | 63                                                                                                                                                                                    |
|     | Number of referrals to treatment                                                                                                                       | 3                                                                                                                                                                                     |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Quarterly                                                                                                                                                                             |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | To provide support, case management and connections to services and programs for individuals with OUD and at-risk individuals. Assist individuals with housing and economic security. |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Housing                                                                                                                                                                               |

|    |                                                                                                                                                                                                          |                                                                                                                                                                                                          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18 | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                                                                   | Harm Reduction and Overdose Prevention;<br>Recovery Supports;<br>Wraparound and Connected Care Supports                                                                                                  |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Connections to Care,<br>Prevent Misuse of Opioids,<br>Prevent Overdose Deaths and Other Harms (Harm Reduction)                                                                                           |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Providing security, assistance and support to prevent difficult life situations from being a reason to become dependent on opioids and to provide those same services to those who are dealing with OUD. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | through a proposal. This procurement method served the needs and met requirements of the city's public purchasing laws.                                                                                  |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                                                                                          |

| Opioid Settlement Funding Report          |                                                                                                                                                                                                                                      |                                                                          |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Subdivision: Union Township, Union County |                                                                                                                                                                                                                                      |                                                                          |
|                                           | State ID:                                                                                                                                                                                                                            | NJ231                                                                    |
|                                           | County Name:                                                                                                                                                                                                                         | Union                                                                    |
|                                           | Address:                                                                                                                                                                                                                             | 1976 Morris Ave, Township of Union, New Jersey, 07083                    |
|                                           | Subdivision Contact Name:                                                                                                                                                                                                            | Christina Santos                                                         |
|                                           | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:csantos@uniontownship.com">csantos@uniontownship.com</a> |
| Fiscal Year: 2026                         |                                                                                                                                                                                                                                      |                                                                          |
|                                           |                                                                                                                                                                                                                                      |                                                                          |
| 1                                         | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$74,833.51                                                              |
| 2                                         | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                                   |
| 3                                         | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$468,220.54                                                             |
| 4                                         | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds                     |
| 5                                         | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                                          |
| 6                                         | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$88,931.00                                                              |

|     |                                                                                                                                                                                                                                                  |                                                                                                                                                                       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                        |                                                                                                                                                                       |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                    | \$304,023.61                                                                                                                                                          |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br><br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                                                                |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                          | N/A                                                                                                                                                                   |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                                  | \$304,023.61                                                                                                                                                          |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                       | Providing Opioid Education with training programs for students in our school system & the community. Also providing support, equipment and training for PD and Fire.  |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                      | Township Administrator, CFO, Governing Body and the Economic Development Director                                                                                     |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                               | The Township of Union used multiple resources to guide opioid abatement funding decisions during the current reporting period. These included local and county public |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | <p>List all that apply, including, but not limited to, the following:</p> <p>(1) Any evidence-based or evidence-informed practices or strategies;</p> <p>(2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;</p> <p>(3) A needs assessment;</p> <p>(4) A strategic plan; and/or</p> <p>(5) An epidemiological analysis;</p> | <p>health data, community needs identified by Union County health and human services partners, New Jersey opioid settlement guidance, and evidence-based opioid abatement strategies. Input from municipal leadership, public safety officials, behavioral health providers, and community stakeholders was also considered to ensure that funding decisions addressed local prevention, treatment, recovery, and harm reduction needs.</p> |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received?                                                                                                                                                                                                                                                                  | No, but plan to in the future                                                                                                                                                                                                                                                                                                                                                                                                               |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6 - 10 years                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15 | <p>Does your subdivision have a strategic plan regarding the use of opioid abatement funds?</p> <p>If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a</p>                                                                                                                                                                                                                                                                                                                                       | No, but we plan to in the future                                                                                                                                                                                                                                                                                                                                                                                                            |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No, but we plan to in the future                                                                                                                                                                                                                                                                                                                                                                                                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 17 | <p>Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?</p> <p>A) For new programs, use the "Add Program" tab to report on each new program.</p> <p>B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.</p> <p>If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds.</p> | Yes                                                       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |
|    | <b>2025 Fiscal Program List</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |
| 1  | Program Name/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nurse Practitioner Health Education Services for Students |
| 2  | Have there been any modifications or expansions to this program since the initial report? :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No modifications/expansions                               |
| 3  | Amount expended in this reporting period (7/1/2025 - 6/30/ 2026)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$43,520.00                                               |
| 4  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |
|    | Number of training/education sessions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 26                                                        |

|   |                                                                                                                                                                              |                                                  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                               |
| 6 | Last Updated Date :                                                                                                                                                          | 9/23/2026                                        |
|   |                                                                                                                                                                              |                                                  |
|   |                                                                                                                                                                              |                                                  |
|   | <b>2024 Fiscal Program List</b>                                                                                                                                              |                                                  |
| 1 | Program Name/Title                                                                                                                                                           | Health Educator "Push-In" Program to HS Athletes |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, other modifications/expansions              |
|   | 2a) If yes, please explain:                                                                                                                                                  | Provided 2 more sessions on Opioid Awareness     |
| 3 | Amount expended in this reporting period (7/1/2023 - 6/30/ 2024)                                                                                                             | \$5,300.00                                       |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                  |
|   | Number of participants served:                                                                                                                                               |                                                  |
|   | Reduction in opioid-related incidents:                                                                                                                                       |                                                  |
|   | Number of harm reduction supplies distributed (e.g naloxone kits, drug disposal packets):                                                                                    |                                                  |
|   | Increased community awareness (please describe):                                                                                                                             |                                                  |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                               |
| 6 | Last Updated Date :                                                                                                                                                          | 8/26/2025                                        |

| Opioid Settlement Funding Report |                                                                                                                                                                                                                                      |                                                              |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Subdivision: Westfield Town      |                                                                                                                                                                                                                                      |                                                              |
|                                  | State ID:                                                                                                                                                                                                                            | NJ255                                                        |
|                                  | County Name:                                                                                                                                                                                                                         | Union                                                        |
|                                  | Address:                                                                                                                                                                                                                             | 425 E Broad St, Westfield, New Jersey, 07090                 |
|                                  | Subdivision Contact Name:                                                                                                                                                                                                            | Scott Olsen                                                  |
|                                  | Subdivision Contact Email:                                                                                                                                                                                                           | <a href="mailto:cfo@westfieldnj.gov">cfo@westfieldnj.gov</a> |
| Fiscal Year: 2026                |                                                                                                                                                                                                                                      |                                                              |
|                                  |                                                                                                                                                                                                                                      |                                                              |
| 1                                | What is the total amount of opioid abatement funds that your subdivision received during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                        | \$29,562.08                                                  |
| 2                                | What is the amount of accrued interest on the total amount of opioid abatement funds that your subdivision has received during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23): | \$0.00                                                       |
| 3                                | What is the total amount of opioid abatement funds that your subdivision has received since the distribution of opioid abatement funds began in 2022?                                                                                | \$88,935.80                                                  |
| 4                                | As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds:                                                                                                   | We are a municipality and did not transfer our funds         |
| 5                                | What is the amount of opioid abatement funds that your subdivision transferred to the county during the current reporting period (7/1/2025 - 6/30/2026)?                                                                             |                                                              |
| 6                                | What is the total amount of opioid abatement funds that your subdivision spent/expended during the current reporting period (7/1/2025 - 6/30/2026)? Please include dollars and cents (e.g., 100.23):                                 | \$11,150.00                                                  |

|     |                                                                                                                                                                                                                                              |                                                                                                                       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
|     | You will be required to answer specific questions about the expenditures below in order for your annual report to be considered complete.                                                                                                    |                                                                                                                       |
| 7   | What amount of opioid abatement funds did your subdivision appropriate/encumber but not yet spend during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                | \$0.00                                                                                                                |
| 8   | What amount of opioid abatement funds did your subdivision spend on administrative expenses during the current reporting period (7/1/2025 - 6/30/2026)?<br>You must also provide details about administrative expenses in Question 8a below. | \$0.00                                                                                                                |
| 8a. | Provide details regarding any administrative expenses spent during the current reporting period (7/1/2025 - 6/30/2026).                                                                                                                      | No administrative expenses this period                                                                                |
| 9   | What amount of unspent/uncommitted opioid abatement funds from any reporting year does your subdivision currently have on hand?                                                                                                              | \$135,319.48                                                                                                          |
| 10  | What were your subdivision's overarching goals and values in its use of opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                   | To use the funds to raise awareness of substance misuse and mental health for middle school and high school students. |
| 11  | Which official(s) were involved in deciding how to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                                  | The Board of Education, the Board of Health, school counselors and peer leadership groups                             |
| 12  | Which resources did your subdivision use when deciding to spend opioid abatement funds during the current reporting period (7/1/2025 - 6/30/2026)?                                                                                           | Local needs assessment                                                                                                |
|     |                                                                                                                                                                                                                                              |                                                                                                                       |

|    |                                                                                                                                                                                                                                                                              |             |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|    | List all that apply, including, but not limited to, the following:                                                                                                                                                                                                           |             |
|    | (1) Any evidence-based or evidence-informed practices or strategies;                                                                                                                                                                                                         |             |
|    | (2) The "Schedule B" list of approved opioid remediation uses attached as Exhibit A to the January 28, 2022 "Memorandum of Agreement Between the State of New Jersey and Local Governments on Opioid Litigation Recoveries" to which your subdivision is a signatory;        |             |
|    | (3) A needs assessment;                                                                                                                                                                                                                                                      |             |
|    | (4) A strategic plan; and/or                                                                                                                                                                                                                                                 |             |
|    | (5) An epidemiological analysis;                                                                                                                                                                                                                                             |             |
| 13 | During the current reporting year (7/1/2025 - 6/30/2026), did your subdivision engage the public (e.g., through town hall meetings, online surveys, or other means of communicating with stakeholders) prior to deciding how to use the opioid abatement funds you received? | No          |
| 14 | For how many years have settlement spending allocations already been decided?                                                                                                                                                                                                | 1 - 2 years |
| 15 | Does your subdivision have a strategic plan regarding the use of opioid abatement funds?                                                                                                                                                                                     | No          |
|    | If yes, choose "Yes" and upload/link to the strategic plan or summarize the plan in Question 15a                                                                                                                                                                             |             |
| 16 | Have you completed a Risk Assessment profile for demographic or geographic impact?                                                                                                                                                                                           | No          |
|    |                                                                                                                                                                                                                                                                              |             |
| 17 | Did your subdivision fund any programs using opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026)?                                                                                                                                                | Yes         |
|    |                                                                                                                                                                                                                                                                              |             |

|   |                                                                                                                                                                                                                        |                                                                                                                            |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
|   | A) For new programs, use the "Add Program" tab to report on each new program.                                                                                                                                          |                                                                                                                            |
|   | B) For previously-reported programs, use the "Update" tab in the 'Prior Fiscal Year Programs' section to provide updates on programs reported during prior fiscal years.                                               |                                                                                                                            |
|   |                                                                                                                                                                                                                        |                                                                                                                            |
|   | If you reported spending any opioid abatement funds during the current reporting year (7/1/2025 - 6/30/2026) in Question 6, you must answer the following questions for each program funded by opioid abatement funds. |                                                                                                                            |
|   |                                                                                                                                                                                                                        |                                                                                                                            |
|   |                                                                                                                                                                                                                        |                                                                                                                            |
|   |                                                                                                                                                                                                                        |                                                                                                                            |
|   | <b>2026 Fiscal Program List</b>                                                                                                                                                                                        |                                                                                                                            |
| 1 | What is the name/title of the program?                                                                                                                                                                                 | Lindsey Meyer Teen Institute                                                                                               |
| 2 | List all agencies, organizations, or entities that received funding for this program.                                                                                                                                  | Westfield Regional Health Department                                                                                       |
| 3 | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                                        | County or Municipality (including Departments and Municipal Alliances)                                                     |
| 4 | What is the primary problem being addressed by this program?                                                                                                                                                           | Opioid Prevention Education                                                                                                |
| 5 | Briefly describe the program's purpose and key activities.                                                                                                                                                             | A program of Partners in Prevention that Encourages teens to become empowered to create positive change within themselves. |
| 6 | What is the target population for this program?                                                                                                                                                                        | Children and Young Adults - 14-18 (high school aged)                                                                       |
| 7 | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                                     | 11/25/2025                                                                                                                 |
| 8 | What is the total amount of funding for this program?                                                                                                                                                                  | \$2,950.00                                                                                                                 |

|     |                                                                                                                                                        |                                                                                                                                                                 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$2,950.00                                                                                                                                                      |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                                                          |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                                                                   |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 11/25/2025                                                                                                                                                      |
| 11  | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                                                                   |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 4                                                                                                                                                               |
| 13  | What is the intended impact of this program?                                                                                                           | To guide young people to realize their leadership potential and become empowered to create positive changes in themselves, their schools and their communities. |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                                                                 |
|     | Increased community awareness (please describe):                                                                                                       | Increased awareness for peer leaders to understand how they can make a change in their community.                                                               |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                                                        |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | The impact is measured by post program interviews with the students participating.                                                                              |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Primary Prevention, Education, and Training                                                                                                                     |
| 18  | The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).                 | None of the above                                                                                                                                               |

|    |                                                                                                                                                                                                          |                                                                                                                                   |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Leadership, Planning and Coordination                                                                                             |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Students learn to look at challenges not as roadblocks to be feared or ignored, but as opportunities to be embraced and overcome. |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | Procurement process that the Town approved.                                                                                       |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                                                                                                   |
|    |                                                                                                                                                                                                          |                                                                                                                                   |
|    |                                                                                                                                                                                                          |                                                                                                                                   |
|    | <b>2026 Fiscal Program List</b>                                                                                                                                                                          |                                                                                                                                   |
| 1  | What is the name/title of the program?                                                                                                                                                                   | Hill Speaks                                                                                                                       |
| 2  | List all agencies, organizations, or entities that received funding for this program.                                                                                                                    | Westfield Board of Education                                                                                                      |
| 3  | In which category or categories does each agency, organization, or entity that received funding for this program belong? Select all that apply.                                                          | Schools, Colleges, Universities                                                                                                   |
| 4  | What is the primary problem being addressed by this program?                                                                                                                                             | Opioid Prevention Education                                                                                                       |
| 5  | Briefly describe the program's purpose and key activities.                                                                                                                                               | A former substance abuser discusses with students why to no abuse substances                                                      |
| 6  | What is the target population for this program?                                                                                                                                                          | Children and Young Adults - 0-13 (through 8th grade)                                                                              |
| 7  | On what date was this program funded? (Use the format MM/DD/YYYY.)                                                                                                                                       | 6/9/2026                                                                                                                          |

|     |                                                                                                                                                        |                                                                                                                            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 8   | What is the total amount of funding for this program?                                                                                                  | \$8,200.00                                                                                                                 |
| 8a. | Of the total amount, how much has been spent (in the current reporting year)?                                                                          | \$8,200.00                                                                                                                 |
| 8b. | Of the total amount, how much has been appropriated/encumbered but not yet spent?                                                                      | \$0.00                                                                                                                     |
| 9   | How often is your subdivision disbursing funds to this program?                                                                                        | One time only                                                                                                              |
| 10  | On what date was this program launched? (Use the format MM/DD/YYYY.)                                                                                   | 6/9/2026                                                                                                                   |
| 11  | Choose the duration of the program from the list below.                                                                                                | One time only                                                                                                              |
| 12  | What is the number of unduplicated individuals served by this program?                                                                                 | 350                                                                                                                        |
| 13  | What is the intended impact of this program?                                                                                                           | To help middle schoolers understand the impact of opioid misuse and to raise awareness on substance misuse.                |
| 14  | Which key performance indicators are you tracking to ensure success of the program? List all that apply, including, but not limited to, the following: |                                                                                                                            |
|     | Increased community awareness (please describe):                                                                                                       | To help middle schoolers understand the impact of opioid misuse and to raise awareness on substance misuse.                |
| 15  | How frequently are you measuring the key performance indicators listed above?                                                                          | Annually                                                                                                                   |
| 16  | What outcomes or impact does the program aim to achieve? How do you plan to measure or track that impact?                                              | The program aims to achieve youth prevention of substance misuse, early intervention, and promoting restorative practices. |
| 17  | Primary Category (Please select the category that fits the primary focus of this program):                                                             | Primary Prevention, Education, and Training                                                                                |
| 18  | The following are other categories that may apply (include all categories                                                                              | None of the above                                                                                                          |

|    |                                                                                                                                                                                                          |                                                               |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
|    | with the exception of the Primary category you chose above).                                                                                                                                             |                                                               |
| 19 | Select the "Schedule B" approved strategy or strategies that best match the primary focus of this program.                                                                                               | Prevent Misuse of Opioids                                     |
| 20 | Describe how this program will address opioid use disorder and any co-occurring substance use disorders or mental health conditions through evidence-based or evidence-informed practices or strategies. | Primary prevention in early indolence will increase awareness |
| 21 | Identify the procurement method utilized for this program, describe the procurement process, and explain why the procurement method identified was used for this program.                                | Used the procurement method that the Town follows             |
| 22 | If you would like to provide any additional details about this program not already included above, you may do so here.                                                                                   |                                                               |
|    |                                                                                                                                                                                                          |                                                               |
|    |                                                                                                                                                                                                          |                                                               |
|    | <b>2025 Fiscal Program List</b>                                                                                                                                                                          |                                                               |
| 1  | Program Name/Title                                                                                                                                                                                       | Partners in Prevention                                        |
| 2  | Have there been any modifications or expansions to this program since the initial report? :                                                                                                              | Yes, other modifications/expansions                           |
|    | 2a) If yes, please explain:                                                                                                                                                                              | We held this program again in FY26                            |
| 3  | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)                                                                                                                                         | \$2,500.00                                                    |
| 4  | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)?                             |                                                               |
|    | Increased community awareness (please describe):                                                                                                                                                         | Students participating shared with peers                      |

|   |                                                                                                                                                                              |                                                                  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                                               |
| 6 | Last Updated Date :                                                                                                                                                          | 8/28/2026                                                        |
|   |                                                                                                                                                                              |                                                                  |
|   |                                                                                                                                                                              |                                                                  |
|   | <b>2025 Fiscal Program List</b>                                                                                                                                              |                                                                  |
| 1 | Program Name/Title                                                                                                                                                           | Hill Speaks                                                      |
| 2 | Have there been any modifications or expansions to this program since the initial report? :                                                                                  | Yes, other modifications/expansions                              |
|   | 2a) If yes, please explain:                                                                                                                                                  | Ran this program again on 6/9/26 for the Westfield Middle School |
| 3 | Amount expended in this reporting period (7/1/2024 - 6/30/ 2025)                                                                                                             | \$10,250.00                                                      |
| 4 | What key performance indicators are you tracking to ensure success of the program (for example, # of services provided, # of people served, # of naloxone kits distributed)? |                                                                  |
|   | Increased community awareness (please describe):                                                                                                                             | Increased awareness to middle school students                    |
| 5 | Is there anything else you would like to share or highlight regarding the progress and impact of this program? :                                                             | No                                                               |
| 6 | Last Updated Date :                                                                                                                                                          | 8/28/2026                                                        |