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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Weaver
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
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December 16, 2025

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health (DHHS), to enter into a **Retroactive** memorandum of understanding with New Hampshire Department of Corrections (DOC) (VC #202494), Concord, NH, in the amount of $500,000 to provide opioid and/or stimulant use disorder case management re-entry services, with the option to renew for up to three (3) additional years, effective retroactive to September 30, 2025, upon Governor and Council approval through September 29, 2027. 100% Federal Funds.

Funds are available in the following accounts for State Fiscal Years 2026 and 2027, and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2026	085-588546	Inter-Agency transfers out of Federal Funds	92057076	$187,500
2027	085-588546	Inter-Agency transfers out of Federal Funds	92057076	$62,500
2027	085-588546	Inter-Agency transfers out of Federal Funds	TBD	$187,500
2028	085-588546	Inter-Agency transfers out of Federal Funds	TBD	$62,500
			Total	**$500,000**

EXPLANATION

The purpose of this request is for DOC to administer Medications for Substance Use Disorder (MSUD) to individuals with Substance Use Disorder (SUD) who are currently incarcerated in state-run facilities and distribute opioid overdose reversal medications (OORM) and related instructions on administration to individuals re-entering the community from any correctional facility or state-run transitional housing facility. The prior agreement with the Department of Corrections (DOC) for these services expired on September 29, 2025. Therefore, this request is **Retroactive** to avoid a disruption in these critical opioid and/or stimulant use disorder case management re-entry services. Additional time was required by DHHS and DOC to finalize the scope of services and associated funding for this new agreement.

Approximately 600 individuals will be served and 2,000 OORM kits will be distributed through September 29, 2027. DOC served 360 individuals and distributed 1,000 OORM kits between September 30, 2024, and September 29, 2025.

DOC provides MSUD to incarcerated individuals to achieve and sustain recovery from substance use, including Opioid Use Disorder. Additionally, individuals with SUD re-entering the community from incarceration will receive support and services necessary to succeed in the community, including education, medication, behavioral health, overdose prevention, as well as services that support continued treatment and recovery.

DHHS will monitor services through DOC data reports, periodic surveys, and other data as requested by DHHS.

As referenced in Section 5 of the attached MOU, the parties have the option to extend the agreement for up to three (3) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, individuals re-entering the community from DOC facilities with an opioid and/or stimulant use disorder may be more likely to have a recurrence of substance use disorder due to the lack of re-entry supports and services, which could result in overdose, recidivism and higher incarceration rates, as well as additional costs to the health care system.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.788, FAIN H79TI087843

Respectfully submitted,

Lori A. Weaver
Commissioner

State of New Hampshire
Interagency Memorandum of Understanding

Whereas, the New Hampshire Department of Health and Human Services ***["DHHS"]*** is a duly constituted agency or branch of government of the State of New Hampshire;

Whereas, the New Hampshire Department of Corrections ***["DOC"]*** is a duly constituted agency or branch of government of the State of New Hampshire;

Whereas, ***DHHS*** is responsible for:
Providing funding to DOC upon receipt of approved invoices, and upon DOC's compliance with the terms and conditions of this MOU.

Whereas, ***DHHS*** desires to:
Support DOC in administering Medications for Substance Use Disorder (MSUD) to individuals with Substance Use Disorder (SUD) who are currently incarcerated in State run facilities and distributing opioid overdose reversal medications (OORM) and related instructions on administration, to individuals re-entering the community from any State-run correctional facility or transitional housing facility.

Whereas, ***DOC*** is responsible for:
Distributing OORM, training staff on its use, and using FDA-approved MSUD for individuals who are currently incarcerated in State-run facilities.

Whereas, ***DOC*** desires to:
Administer MSUD to individuals with SUD who are currently incarcerated in State-run facilities and distribute OORM and related instructions on administration, to individuals re-entering the community from any State-run correctional facility or transitional housing facility.

NOW, THEREFORE, the parties enter into this Memorandum of Understanding (MOU) to their mutual benefit, the benefit of the State and in furtherance of constitutional or statutory authority and objectives.

1. ***DHHS*** agrees to:

[X] **A.** Pay ***DOC*** the amount of $500,000 for the services described in the attached MOU Exhibit A – State Agency Responsibilities, which is hereby incorporated by reference.

Payment shall be provided from: 100% Federal Funds, State Opioid Response, as awarded on September 20, 2025, by the Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.788, FAIN H79TI087843.

[X] **B.** Perform the services described in the attached MOU Exhibit A – State Agency Responsibilities, which is hereby incorporated by reference.

2. ***DOC*** agrees to:

☐ **A.** Pay ***DHHS*** the amount of $ _____ for the services described in the attached MOU Exhibit A – State Agency Responsibilities, which is hereby incorporated by reference.

☒ **B.** Perform the services described in the attached MOU Exhibit A – State Agency Responsibilities, which is hereby incorporated by reference.

3. The method of payment and payment amount for the above-referenced services, if any is required, is described in the attached MOU Exhibit B – Payment Terms, such exhibit being hereby incorporated by reference.

4. All obligations hereunder are contingent upon the availability and continued appropriation of funds. The agencies shall not be required to transfer funds from any other account in the event that funds are reduced or unavailable.

5. The Memorandum of Understanding is effective Retroactive to September 30, 2025 upon Governor and Executive Council approval through 9/29/2027. The Parties may extend the MOU for up to three (3) years upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

6. This Memorandum of Understanding may be amended by an instrument in writing signed by both parties. Either party may terminate this agreement by providing written notice to the other party at least thirty (30) days prior to termination.

7. The Parties agree that the obligations, agreements and promises made under this Memorandum of Understanding are not intended to be legally binding on the Parties and are not legally enforceable.

8. Disputes arising under this Memorandum of Understanding which cannot be resolved between the agencies shall be referred to the New Hampshire Department of Justice for review and resolution.

9. This Agreement shall be construed in accordance with the laws of the State of New Hampshire.

10. The parties hereto do not intend to benefit any third parties and this Memorandum of Understanding shall not be construed to confer any such benefit.

11. In the event any of the provisions of this Memorandum of Understanding are held to be contrary to any state or federal law, the remaining provisions of this Memorandum of Understanding will remain in full force and effect.

12. This Memorandum of Understanding, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Memorandum of Understanding and understandings between the parties, and supersedes all prior Memoranda of Understanding and understandings relating hereto.

13. Nothing herein shall be construed as a waiver of sovereign immunity, such immunity being hereby specifically preserved.

14. ***New Hampshire Department of Health and Human Services***

DocuSigned by:
Katja S. Fox
ED9D05B04[illegible]

Signature — Date: 1/8/2026

Director

Title

Katja S. Fox

Print Name

15. ***New Hampshire Department of Corrections***

Signed by:
William R. Hart, Jr.
30B4B58A29304D9...

Signature — Date: 1/7/2026

Commissioner

Title

William R. Hart, Jr.

Print Name

Approved by the New Hampshire Department of Justice for form, substance, and execution:

By: DocuSigned by: Robyn Guarino 748734844941460... . On: 1/8/2026

Robyn Guarino Attorney Date

Approved by the Governor and Executive Council

By: _____. On: _____

Date

State of New Hampshire
Interagency Memorandum of Understanding
Exhibit A – State Agency Responsibilities

1. RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

1.1. DHHS agrees to:

1.1.1. Provide funding to DOC upon receipt of approved invoices, and upon DOC's compliance with the terms and conditions of this Memorandum of Understanding (MOU).

1.1.2. Make funds available from the State Opioid Response (SOR) grant for reimbursement under this MOU as follows:

1.1.2.1. An amount not to exceed $187,500 in State Fiscal Year (SFY) 2026 (September 30, 2025 – June 30, 2026), in accordance with Attachment 1 Budget, which is attached hereto and incorporated by reference herein;

1.1.2.2. An amount not to exceed $62,500 in SFY 2027 (July 1, 2026 – September 29, 2026), in accordance with Attachment 2 Budget, which is attached hereto and incorporated by reference herein;

1.1.2.3. An amount not to exceed $187,500 in SFY 2027 (September 30, 2026 – June 30, 2027), in accordance with Attachment 3 Budget, which is attached hereto and incorporated by reference herein; and

1.1.2.4. An amount not to exceed $62,500 in SFY 2028 (July 1, 2027 – September 29, 2027), in accordance with Attachment 4 Budget, which is attached hereto and incorporated by reference herein.

1.1.3. Collaborate with DOC to obtain data and information necessary for monitoring the Substance Abuse Mental Health Services Administration (SAMHSA) grant and developing and writing any required reports.

1.1.4. Provide technical assistance on clinical programming and reporting requirements to DOC.

1.1.5. Collaborate with DOC on the development, reporting, and quality improvement efforts for additional performance measures and outcome indicators.

2. RESPONSIBILITIES OF THE DEPARTENT OF CORRECTIONS (DOC)

2.1. **Access to Overdose Reversal Medication upon Re-Entry**

2.1.1. DOC agrees to:

2.1.1.1. Provide overdose prevention and response training on the administration of OORM to DOC staff and individuals who are currently incarcerated in State-run facilities.

2.1.1.2. Assist individuals who are currently incarcerated in State-run facilities and their residential companions, friends, family; and provide additional

supports through voluntary distribution of OORM; and provide education on medication administration during re-entry to the community.

2.1.1.3. Ensure 100% of individuals who are currently incarcerated in State-run facilities are offered education on administering OORM and subsequent education upon re-entering the community from DOC.

2.2. **Medications for Substance Use Disorder (MSUD) Treatment Services**

2.2.1. DOC agrees to:

2.2.1.1. Use FDA-approved medications in combination with behavioral therapies, when recommended, to provide a whole-patient approach to the treatment of individuals with SUD who are currently incarcerated in State-run facilities.

2.2.1.2. Provide MSUD to individuals with SUD who are currently incarcerated in State-run facilities as part of their treatment plan and to prepare for re-entry into the community.

2.2.1.3. Provide training to new DOC staff in MSUD services, including but not limited to:

2.2.1.3.1. Increasing participation and compliance with MSUD for individuals, who are currently incarcerated in State-run facilities to meet their behavioral health and health care needs, as appropriate.

2.2.1.3.2. Ongoing targeted training with new DOC medical providers and appropriate clinical staff with a focus on treating SUD, industry standards, emerging trends, and the benefits of medications.

2.2.1.3.3. Conducting ongoing education to individuals who are currently incarcerated in State-run facilities, across all State-run DOC facilities.

2.2.1.3.4. Identifying and addressing risks and protective factors for specialized populations.

2.2.1.3.5. Connecting individuals who are released from incarceration from State-run facilities receiving MSUD treatment, and experiencing co-occurring mental health condition(s) or medical need(s) with community resources to address co-occurring concerns.

2.2.1.3.6. Ensuring all individuals who are currently incarcerated in State-run facilities and receiving MSUD treatment, sign a MSUD treatment agreement; and

2.2.1.3.7. Ensuring all individuals who are currently incarcerated in State-run facilities and are non-compliant with receiving MSUD treatment receive additional education, counseling, and overdose prevention planning.

2.2.1.4. Ensure a 30-day supply of medication is provided to individuals released from incarceration at State-run facilities who are dependent on transition services and insurance coverage being established.

2.2.1.5. Purchase equipment and supplies as needed to better enhance MSUD medication storage and distribution.

2.2.1.6. Assist individuals who are currently incarcerated in State-run facilities with applying for health insurance coverage.

2.2.1.7. Collaborate with DHHS on the development, reporting, and quality improvement efforts for performance and outcome indicators.

2.2.1.8. Ensure100% of individuals receiving MSUD who are currently incarcerated in State-run facilities are connected with a community provider and support network, including their preferred Doorway, upon re-entry to the community.

2.3. **Data Collection**

2.3.1. DOC agrees to:

2.3.1.1. Coordinate the collection of SAMHSA Unified Performance Reporting Tool (SUPRT) A and C baseline tool entries and associated re-assessments at six (6) months, one year, and discharge from referred services, or any other tool as directed by DHHS for all individuals receiving MSUD supported by State Opioid Response (SOR) funding.

2.3.1.2. Coordinate the SUPRT collection at the following intervals:

2.3.1.2.1. Baseline: Within 30 days of initial grant-covered service;

2.3.1.2.2. Six Month Re-assessment: Six months post baseline. The window for this tool entry opens five (5) months after the baseline tool entry and closes seven (7) months after the baseline for individuals still receiving services;

2.3.1.2.3. Annual Re-Assessment: One year post baseline. The window for this tool entry opens eleven (11) months after the baseline tool entry and closes thirteen (13) months after the baseline for individuals still receiving services; and

2.3.1.2.4. Closeout: Upon discharge from the initially referred service.

2.3.1.3. Coordinate the entry of SUPRT data into the DHHS-approved system, and required completion at the following intervals, at minimum:

2.3.1.3.1. Baseline: Within 30 days of initial grant-covered service;

2.3.1.3.2. Six Month Re-assessment: Six months post baseline. The window for this tool entry opens five (5) months after the baseline tool entry and closes seven (7) months after the baseline for individuals still receiving services;

2.3.1.3.3. Annual Re-Assessment: One year post baseline. The window for this tool entry opens eleven (11) months after the baseline

tool entry and closes thirteen (13) months after the baseline for individuals still receiving services; and

2.3.1.3.4. Closeout: Upon discharge from the initially referred service.

2.3.1.4. Coordinate documentation for any loss of contact with individuals or refusal of services in the DHHS-approved system using the appropriate process and protocols as defined by SAMHSA, and through technical assistance provided under the SOR grant.

2.3.1.5. Coordinate contingency management strategies utilized to increase engagement in follow-up SUPRT data collection.

2.3.1.6. Coordinate with community-based providers serving justice-involved individuals, including collaboration on data collection efforts as specified in 2.3.1.1 through facilitated access to State-run facilities in order to promote recovery capital and re-entry success.

2.4. **Data Elements:**

2.4.1. DHHS and DOC will not exchange confidential data under this MOU.

2.4.2. DOC will provide client-level demographic, non-identifiable data elements for individuals served.

2.4.2.1. Data elements shall be determined by DOC and DHHS during initial MOU "kick-off" meeting to occur within sixty (60) days of Governor and Executive Council approval of this MOU.

2.4.2.2. DOC shall submit monthly reports for the data elemenets to DHHS by the fifteenth (15th) working day of the following month in a manner and format determined by DHHS.

2.4.3. DOC shall prepare and submit ad hoc data reports, respond to periodic surveys and other data collection requests as deemed necessary by DHHS and/or SAMHSA.

2.4.4. DOC shall coordinate with the Doorways for re-entry care coordination and any outstanding data collection. DOC will continue to ensure that individuals who are currently incarcerated in State-run facilities are referred to their preferred Doorways upon release to the community.

2.4.4.1. DOC shall submit a detailed plan for ensuring data completion for all individuals who are currently incarcerated in State-run facilities receiving MSUD as outlined in this MOU within thirty (30) days of Governor and Executive Council approval of this MOU.

2.4.4.2. DOC shall provide Doorway connection information to DHHS.

2.4.5. DOC shall collaborate with DHHS and/or other SOR funded vendors as requested by DHHS to improve data collection.

State of New Hampshire
Interagency Memorandum of Understanding
Exhibit B – Payment Terms

1. The maximum amount of funds available for reimbursement under this MOU from DHHS to DOC shall not exceed the amount specified in Form MOU 1, Interagency Memorandum of Understanding, Section 1, Subsection A.
2. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this MOU net third party revenue and shall be in accordance with the approved line item, as specified in Attachment 1 Budget through Attachment 4 Budget.
3. DOC shall bill and seek reimbursement for services provided to individuals as follows:
   - 3.1. For Medicaid Section 1115 Demonstration enrolled individuals based on the below sections:
     - 3.1.1. New Hampshire's Adult Community Reentry Program, implemented under the state's Medicaid Section 1115 Demonstration Project, is designed to support Medicaid-eligible incarcerated adults who have behavioral health needs.
       - 3.1.1.1. Beginning 45 days prior to an individual's anticipated release, the program provides a comprehensive set of services including care coordination, pre-release behavioral health visits, peer support, and medications for substance use disorders, as well as a 30-day supply of all prescription medications upon release. These services are coordinated by NH Medicaid's Managed Care Organizations (MCOs), which also arrange community-based provider appointments both before and after release.
       - 3.1.1.2. The program is currently active in all state-run correctional facilities. Individuals who have active Medicaid coverage during the 45 days prior to their release cannot have their medication costs billed to the SOR grant under this MOU.
   - 3.2. For individuals without other coverage for the services they receive, and for operational costs contained in approved budgets for which the DOC cannot otherwise seek reimbursement from a third-party payer, DOC shall directly bill the Department to access funds in this Agreement for only net expenses once the third-party revenue offset is applied.
4. DOC shall submit a monthly invoice with required supporting documents to DHHS no later than the fifteenth (15th) working day of the following month. DOC shall:
   - 4.1. Submit the invoice in a format provided by DHHS or that is otherwise acceptable to DHHS.
   - 4.2. Ensure the invoice identifies and requests payment for allowable costs incurred in the previous month.
   - 4.3. Provide supporting documentation for authorized expenses and revenue offsets that may include, but is not limited to, time sheets, payroll records, receipts for purchases, third party payer remittance advice, and proof of expenditures, as applicable.
   - 4.4. Ensure the invoice is completed, dated and returned to DHHS with the supporting documentation for authorized expenses, in order to initiate payment.

5. In lieu of hard copies, all invoices with supporting documentation may be assigned an electronic signature and emailed to invoicesforcontracts@dhhs.nh.gov, or invoices may be mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

6. DHHS shall make payment to DOC within thirty (30) days of receipt of each invoice with supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

7. The final invoice with supporting documentation for authorized expenses shall be due to DHHS no later than forty (40) days after the MOU completion date.

8. Notwithstanding any provision of this MOU to the contrary, all obligations of DHHS hereunder, including without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. DHHS shall not be required to transfer funds from any other source in the event that the source of funds are reduced or become unavailable:

9. The Parties agree changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

Attachment 1 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	New Hampshire Department of Corrections	
Budget Request for:	State Targeted Response to the Opioid Crisis Grant Projects	
Budget Period	September 30, 2025 - June 30, 2026	
Indirect Cost Rate (if applicable)	0	
Line Item	**Program Cost - Funded by DHHS**	**Program Cost - Contractor Share/ Match**
1. Salary & Wages	$0	$0
2. Fringe Benefits	$0	$0
3. Consultants	$0	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0	$0
5.(a) Supplies - Educational	$40,000	$0
5.(b) Supplies - Lab	$0	$0
5.(c) Supplies - Pharmacy	$141,500	$35,951
5.(d) Supplies - Medical	$0	$0
5.(e) Supplies Office	$0	$0
6. Travel	$6,000	$0
7. Software	$0	$0
8. (a) Other - Marketing/ Communications	$0	$0
8. (b) Other - Education and Training	$0	$0
8. (c) Other - Other (specify below)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
9. Subrecipient Contracts	$0	$0
Total Direct Costs	$187,500	$35,951
Total Indirect Costs	$0	$0
TOTAL	$187,500	$35,951

Contractor Initials: Initial WRHJ

Date: 1/7/2026

Attachment 2 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	New Hampshire Department of Corrections	
Budget Request for:	State Targeted Response to the Opioid Crisis Grant Projects	
Budget Period	July 1, 2026 - September 29, 2026	
Indirect Cost Rate (if applicable)	0	
Line Item	**Program Cost - Funded by DHHS**	**Program Cost - Contractor Share/ Match**
1. Salary & Wages	$0	$0
2. Fringe Benefits	$0	$0
3. Consultants	$0	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0	$0
5.(a) Supplies - Educational	$10,000	$0
5.(b) Supplies - Lab	$0	$0
5.(c) Supplies - Pharmacy	$43,500	$11,984
5.(d) Supplies - Medical	$0	$0
5.(e) Supplies Office	$0	$0
6. Travel	$4,000	$0
7. Software	$0	$0
8. (a) Other - Marketing/ Communications	$0	$0
8. (b) Other - Education and Training	$5,000	$0
8. (c) Other - Other (specify below)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
9. Subrecipient Contracts	$0	$0
Total Direct Costs	$62,500	$11,984
Total Indirect Costs	$0	$0
TOTAL	$62,500	$11,984

Contractor Initials: Initial (WRH) _____

Date: 1/7/2026

Attachment 3 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	New Hampshire Department of Corrections	
Budget Request for:	State Targeted Response to the Opioid Crisis Grant Projects	
Budget Period	September 30, 2026 - June 30, 2027	
Indirect Cost Rate (if applicable)	0	
Line Item	**Program Cost - Funded by DHHS**	**Program Cost - Contractor Share/ Match**
1. Salary & Wages	$0	$0
2. Fringe Benefits	$0	$0
3. Consultants	$0	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0	$0
5.(a) Supplies - Educational	$40,000	$0
5.(b) Supplies - Lab	$0	$0
5.(c) Supplies - Pharmacy	$141,500	$35,951
5.(d) Supplies - Medical	$0	$0
5.(e) Supplies Office	$0	$0
6. Travel	$6,000	$0
7. Software	$0	$0
8. (a) Other - Marketing/ Communications	$0	$0
8. (b) Other - Education and Training	$0	$0
8. (c) Other - Other (specify below)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
9. Subrecipient Contracts	$0	$0
Total Direct Costs	$187,500	$35,951
Total Indirect Costs	$0	$0
TOTAL	$187,500	$35,951

Contractor Initials: Initial URHJ

Date: 1/7/2026

Attachment 4 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	New Hampshire Department of Corrections	
Budget Request for:	State Targeted Response to the Opioid Crisis Grant Projects	
Budget Period	July 1, 2027 - September 29, 2027	
Indirect Cost Rate (if applicable)	0	
Line Item	**Program Cost - Funded by DHHS**	**Program Cost - Contractor Share/ Match**
1. Salary & Wages	$0	$0
2. Fringe Benefits	$0	$0
3. Consultants	$0	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0	$0
5.(a) Supplies - Educational	$10,000	$0
5.(b) Supplies - Lab	$0	$0
5.(c) Supplies - Pharmacy	$43,500	$11,984
5.(d) Supplies - Medical	$0	$0
5.(e) Supplies Office	$0	$0
6. Travel	$4,000	$0
7. Software	$0	$0
8. (a) Other - Marketing/ Communications	$0	$0
8. (b) Other - Education and Training	$5,000	$0
8. (c) Other - Other (specify below)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
9. Subrecipient Contracts	$0	$0
Total Direct Costs	$62,500	$11,984
Total Indirect Costs	$0	$0
TOTAL	$62,500	$11,984

Contractor Initials: Initial WRH

Date: 1/7/2026