

# **\*\*Preston County Opioid Settlement Grant\*\***(Working title)

Project Reporting Form

**Submitted to:** Preston County Commission

**Oversight Body:** Preston County Opioid Advisory Committee

## SECTION 1: GRANTEE INFORMATION

- **Organization Name:**
- **Project Title:**
- **Grant Award Amount:** \$
- **Grant Period:** From \_\_\_\_\_ to \_\_\_\_\_
- **Reporting Period Covered:** ☐ 0–3 months ☐ 4–6 months ☐ 7–9 months ☐ 10–12 months
- **Primary Contact Name & Title:**
- **Email:**
- **Phone:**

## SECTION 2: PROJECT OVERVIEW & STATUS UPDATE

### 1. **Brief Project Summary (2–3 paragraphs):**

(Describe the purpose of your project and how it addresses opioid prevention, treatment, or recovery in Preston County.)

[Insert Text HERE]

### 2. **Implementation Status:**

- ☐ Not yet started
- ☐ On track
- ☐ Experiencing minor challenges
- ☐ Significantly delayed

### 3. **Key Activities Completed During This Reporting Period:**

(List major milestones, events, services delivered, or partnerships launched.)

[Insert Text HERE]

## SECTION 3: PROGRAM OUTCOME MEASURES

### A. Outcome Reporting (Required at 6 and 12 months)

- ☐ 6-Month Outcome Report
- ☐ 12-Month Outcome Report

**1. Project Goals (from approved proposal):**  
(List original goals and intended outcomes.)

[Insert Text HERE]

**2. Quantitative Outcomes (Check all that apply and complete):**

Measure Type	Target	Actual to Date
Served (unduplicated		
Prevention activities delivered		
Treatment or recovery referrals		
Trainings/workshops held		
Naloxone kits/resources distributed		
Peer/recovery supports provided		

Other (specify):

### *3. Qualitative Outcomes*

- **What changes have you observed in participants or the community?**
  - [Insert Text HERE]
- **Success stories, testimonials, or notable impacts:**
  - [Insert Text HERE]
- **How has this project contributed to Preston County's opioid response?**
  - [Insert Text HERE]

### *4. Progress Toward Intended Outcomes*

For each intended outcome, describe:

- **Progress made**
  - [Insert Text HERE]
- **Barriers encountered**
  - [Insert Text HERE]
- **Adjustments to program design**
  - [Insert Text HERE]

## SECTION 4: FINANCIAL REPORTING & USE OF FUNDS

### A. Financial Report Period

☐ Month 3 ☐ Month 6 ☐ Month 9 ☐ Month 12

## B. Expenditure Summary

Budget Category	Approved Budget	Amount Spent This Period	Total Spent to Date
Personnel/Contractors			
Supplies & Materials			
Training/Education			
Travel			
Equipment			
Other (specify)			
<b>TOTAL</b>			

## C. Narrative Use of Funds

Describe how funds were used during this reporting period and how expenditure supported project goals.

[Insert Text HERE]

## D. Documentation

- ☐ Financial ledger attached
- ☐ Receipts/invoices available upon request
- ☐ Budget modification request submitted (if applicable)

## SECTION 5: CHALLENGES, RISKS & TECHNICAL ASSISTANCE

1. **Challenges or barriers encountered:**
2. **Risks to timeline, budget, or outcomes:**
3. **Support needed from the Opioid Advisory Committee or County Commission:**

[Insert Text HERE]

## SECTION 6: SUSTAINABILITY & NEXT STEPS

- Activities planned for the next reporting period
- Steps toward long-term sustainability
- Partnerships strengthened or developed

[Insert Text HERE]

## SECTION 7: CERTIFICATION

I certify that the information contained in this report is accurate and that all opioid settlement funds have been used in accordance with the approved project proposal and Preston County guidelines.

**Authorized Representative Name:**

**Title:**

**Signature:**

**Date:**