CHAMPAIGN COUNTY BOARD
OPIOID SETTLEMENT TASK FORCE
County of Champaign, Urbana, Illinois
Monday, May 11, 2026 - 6:30 p.m.

Shields-Carter Meeting Room
Bennett Administrative Center
102 E. Main St., Urbana

Committee Members:

Aaron Esry	Emily Rodriguez
John Farney	Ed Sexton – Vice-Chair
Jennifer Locke - Chair	Daniel Wiggs
Brett Peugh	

Agenda Items

I. Call to Order

II. Roll Call

III. Approval of Agenda/Addendum

IV. Approval of Minutes
A. November 12, 2025

V. Public Input

VI. Communications (discussion only)

VII. New Business
A. Fire Protection District First Responder Equipment Request
i. Approval of funding request for Sangamon Valley Fire Protection District to use remainder of allotted funding to purchase first responder AED equipment
B. Sheriff's Office First Responder Equipment Request
ii. Approval of funding request for Champaign County Sheriff's Office to purchase 8 AED devices
C. Next steps *(discussion only)*

VIII. Other Business
A. Date of next meeting

IX. Chair's Report

X. Adjournment

CHAMPAIGN COUNTY BOARD
OPIOID SETTLEMENT TASK FORCE
County of Champaign, Urbana, Illinois
Wednesday, November 12, 2025 - 6:30 p.m.
Shields-Carter Meeting Room
Bennett Administrative Center
102 E. Main St., Urbana

MINUTES – Subject to Approval

DATE: Wednesday, November 12, 2025
TIME: 6:30 p.m.
PLACE: Shields-Carter Meeting Room
Bennett Administrative Center
102 E. Main St., Urbana, IL 61801

Committee Members:

Present	Absent
Aaron Esry	Ed Sexton (Vice-Chair)
Daniel Wiggs	Brett Peugh
Jennifer Locke (Chair)	Emily Rodriguez
John Farney	

Others Present: Kait Kuzio (Recording Secretary)

Agenda Items

I. Call to Order

Chair Locke called the meeting to order at 6:31 p.m.

II. Roll Call

A verbal roll call was taken, and a quorum was declared present.

III. Approval of Agenda/Addendum

MOTION by Mr. Farney to approve the agenda; seconded by Mr. Esry. Upon vote, the **MOTION CARRIED** unanimously.

IV. Approval of Minutes

A. July 21, 2025

MOTION by Mr. Wiggs to approve the minutes of July 21, 2025; seconded by Mr. Farney. Upon vote, the **MOTION CARRIED** unanimously.

V. Public Input

None

VI. Communications

None

VII. New Business

A. Fire Protection District First Responder Equipment Requests

i. Approval of funding requests for 1 automated chest compression device

1. Cornbelt Fire Protection District
2. Edge-Scott Fire Protection District
3. Ludlow Fire Protection District
4. Pesotum Fire Protection District
5. Philo Fire Protection District
6. Sadorus Fire Protection District
7. Sidney Fire Protection District
8. Tolono Fire Protection District

MOTION by Mr. Farney to recommend an omnibus approval of intergovernmental agreements with Cornbelt Fire Protection District, Edge-Scott Fire Protection District, Ludlow Fire Protection District, Pesotum Fire Protection District, Philo Fire Protection District, Sadorus Fire Protection Distirict, Sidney Fire Protection District, and Tolono Fire Protection District for the bulk purchase of one each automated chest compression devices; seconded by Mr. Wiggs. Upon vote, the **MOTION CARRIED** unanimously.

ii. Approval of funding requests for 2 automated chest compression devices

1. Eastern Prairie Fire Protection District
2. Rantoul Fire Department

MOTION by Mr. Wiggs to recommend an omnibus approval of intergovernmental agreements with Eastern Prairie Fire Protection District and Rantoul Fire Protection District for the bulk purchase of two each automated chest compression devices; seconded by Mr. Farney. Upon vote, the **MOTION CARRIED** unanimously.

iii. Approval of funding request for 1 cardiac monitor device

1. Sangamon Valley Fire Protection District

Mr. Travis Wilson, a Captain with Sangamon Valley Fire Protection District, explained their funding request for the purchase of a cardiac monitor device for first responder use. These devices, similarly to the chest compression devices, support overdose response, cardiac resuscitation, and stabilization during longer transport times by fire district staff or volunteers who are often the first responders.

MOTION by Mr. Farney to recommend approval of the allocation of $29,727.86 for the purchase of a cardiac monitor device for first responders; seconded by Mr. Wiggs. Upon vote, the **MOTION CARRIED** unanimously.

B. Next steps *(discussion only)*

None

VIII. Other Business

A. Opioid Funding Update (information only)

Chair Locke asked Grant Coordinator Kait to provide a funding update to members, and the information is on the final page of the packet.

B. Date of next meeting

To be determined

IX. IX.Chair's Report

None

X. X. Adjournment

Chair Locke adjourned the meeting at 6:53 p.m.

Sangamon Valley Fire Protection District

Purpose Summary

The Sangamon Valley Fire Protection District is requesting $4,201.76 in funding to purchase Automated External Defibrillators (AEDs). This essential equipment will allow us to provide faster, more accurate, and lifesaving intervention for residents in Fisher and the surrounding rural areas of Champaign County. Our community, like many others, continues to feel the impact of the opioid crisis; because severe overdoses can lead to sudden cardiac arrest, having these AEDs on our rescue vehicles ensures that patients receive immediate, automated cardiac support during those critical minutes before reaching the hospital. This project will strengthen our ability to protect the health and safety of our neighbors while supporting the Champaign County Opioid Settlement Task Force's mission to serve opioid-impacted individuals and communities.

Background

The Sangamon Valley Fire Protection District serves the Village of Fisher and surrounding rural

areas of northern Champaign County, providing fire suppression, emergency medical services, and community risk reduction to approximately 2,500 residents. Established to protect life and property, the District has a strong tradition of neighbors serving neighbors with dedication and compassion. Our mission is to deliver rapid, skilled emergency response, and in recent years, that mission has increasingly included responding to opioid overdoses. The opioid crisis continues to affect families in our community, creating an urgent need for advanced tools that allow our EMS providers to deliver precise, lifesaving care. The District is governed by a three-member board of trustees and operates as an all-volunteer department. We respond to about 350 calls annually, and our members include several licensed paramedics who are trained and experienced in advanced life support.

Funding Request

The District is requesting $4,201.76 to purchase **Automated External Defibrillators (AEDs)** for use on our rescue units. These devices will have a direct and profound impact on patients experiencing the most severe consequences of opioid overdoses. Because high-dose opioid toxicity can lead to sudden respiratory and cardiac arrest, having advanced AEDs allows our providers to immediately analyze heart rhythms and deliver lifesaving shocks the moment they are needed. These units act as a critical safeguard, ensuring that if an overdose progresses to cardiac arrest, our team can initiate immediate resuscitation—giving patients the best possible chance for survival and meaningful recovery.

While the most urgent benefit is for those suffering from opioid-related crises, these AEDs will also strengthen our response to other emergencies such as primary heart attacks and trauma-induced cardiac failure. Our goal is to implement this project within the next **two months**. Key personnel include EMT-Paramedics Travis Wilson and Blake Kuhns, who bring significant experience in prehospital care and will ensure this equipment is deployed effectively. Sustainability will be achieved through our operating budget, which will cover battery replacements, electrode pads, and routine maintenance. We also work in coordination with neighboring fire departments, hospitals, and law enforcement, ensuring that these life-saving tools benefit the entire regional emergency response network.

Evaluation

We will evaluate the success of this project by tracking the **frequency and deployment** of the AEDs during emergency calls, with a specific focus on opioid-related incidents and cardiac arrests. Effectiveness will be measured by the **timely availability** of this lifesaving equipment on-scene and the successful completion of cardiac rhythm analysis when applied to patients in distress.

Additionally, we will monitor **patient outcomes**—specifically survival and stabilization—from the point of initial contact through the transition to hospital care. This broad data collection will highlight the overall impact of the investment on community safety and ensure that the Sangamon Valley Fire Protection District continues to meet the goals of the Champaign County Opioid Settlement Task Force.

Sangamon Valley Fire Protection District

Project Budget

The Sangamon Valley Fire Protection District is requesting the full project cost of $4,201.76 through this grant. It should be noted that we previously requested a grant for $29,727.86 for a cardiac monitor. Our supplier was able to reduce the cost of the cardiac monitor by $4,201.76 to allow us to get two additional AED's to place on our rescue unit. There would be no additional money that is coming from the Task Force as we have already been granted this money.

Budget Breakdown

- Cardiac monitor and accessories: **$4,201.76**
- Training: **$0** (completed internally at no additional cost)
- Maintenance/Service: **$0** (covered under an agreement with Carle Health; replacement parts only if required)

Total Requested: $4,201.76

OPIOID SETTLEMENT FUNDING APPLICATION

1. APPLICATION INFORMATION

Date Submitted	**3/26/2026**	**Project Date Range**	**5/1/2026**
Name of Project or Proposal	**AED's**	**Total Funding Requested**	**4,201.76**
Purpose of Request for Funding	**First Responder/Opioid Relief Funds**	**Date Funding Requested by**	**5/1/2026**

Organization

Name	**Sangamon Valley Fire Protection District**
Address	**104 E. Sangamon St, Fisher, IL**
Email Address	**svfpd5@gmail.com**
Phone Number	**217-897-6250**
Website	**None**
Legal Status of your Organization	**Fire Protection District**

Point of Contact

Name	**Travis Wilson, Captain**
Address	**307 W. Lincoln St, Fisher, IL**
Email Address	**travis.wilson88@gmail.com**
Phone Number	**309-824-1852**

2. PROPOSAL SUMMARY

(One paragraph maximum)

Provide a summary of the proposed project. Briefly describe why your organization or department is requesting this funding, what results you hope to achieve, how you will spend the funds and how the

project contributes to Champaign County Opioid Settlement Task Force's overall mission to serve opioid impacted individuals and communities.

3. NARRATIVE

(Preferred length not to exceed one page)

Please include the following information:

1. Background—Describe the work of your agency, addressing each of the following:
    a. A brief description of the purpose and history of the organization
    b. The organization's mission and goals, especially highlighting those that specifically serve opioid-impacted individuals and communities
    c. Board roster and the number of paid full-time staff and/or part-time staff
2. Funding Request— Please explain the specific project to be funded including:
    a. A project description, including goals, objectives, timeline for implementation, specific activities to be funded and outcomes expected.
    b. The population(s) that you plan to serve and how they will benefit from the project.
    c. Approaches and methods and the activities planned for which this requested funding will be used.
    d. The names, titles, qualifications and experience of key personnel.
    e. Any plans for sustaining the project and for long-term sources/strategies for funding upon completion of the proposed grant.
    f. Other organizations, if any, participating in the activity.
    g. Evaluation—Please explain your expected results and how you will measure the effectiveness of your activities.

4. ATTACHMENTS

- Most recent annual statements (audited if available)
- Current operating budget
- Signed current W-9
- A detailed budget of this project
- A list of other sources of actual and expected funding, including amounts

5. APPROVED USES

Using the List of Opioid Remediation Uses and the Approved Uses of Opioid Settlement Funds, Attachments C and D of this application packet, identify which approved uses your proposal request will fulfill.

(Check or highlight ALL that apply from Attachments C AND D of this packet)

Attachment C: List of Opioid Remediation Uses

Final Distributor Settlement Agreement – Exhibit E

Schedule A Core Strategies

Settling States and Exhibit G Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies ("*Core*

Strategies").[1]

[1] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

Expand training for first responders,schools, community support groups and families; and

Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHEROPIOID-RELATED TREATMENT

Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

Provide education to school-based and youth-focused programs that discourage or prevent misuse;

Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

PREGNANT & POSTPARTUM WOMEN

Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co- occurring Opioid Use Disorder ("*OUD*") and other

Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

Provide comprehensive wrap-around servicesto individuals with OUD, including housing, transportation, job placement/training, and childcare.

EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")

Expand comprehensive evidence-based and recovery support for NAS babies;

Expand services for better continuum of care with infant- need dyad; and

Expand long-term treatment and servicesfor medical monitoring of NAS babies and their families.

EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments; Expand warm hand-off services to transition to recovery services;

Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

Provide comprehensive wrap-around servicesto individuals in recovery, including housing, transportation, job placement/training, and childcare; and

Hire additionalsocial workers or other behavioral health workers to facilitate expansions above.

TREATMENT FOR INCARCERATED POPULATION

Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

Increase funding for jails to provide treatment to inmates with OUD.

PREVENTION PROGRAMS

Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

Funding for evidence-based prevention programs in schools;

Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with CDC guidelines, including providers at hospitals (academic detailing);

Funding for community drug disposal programs; and

Funding and training for first responders to participate in pre- arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

EXPANDING SYRINGE SERVICE PROGRAMS

Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Attachment D: Approved Uses of Opioid Settlement Funds

Final Distributor Settlement Agreement – Exhibit E

Schedule B Approved Uses

[2] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence- informed programs or strategies that may include, but are not limited to, those that:[2]

Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence informed programs orstrategies that may include, but are not limited to, the programs or strategies that:

Provide comprehensive wrap-around services to individuals with OUD and any co- occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co- occurring SUD/MH conditions.

Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co occurring SUD/MH conditions.

Provide employment training or educational services for persons in treatment for or recovery from OUD and any co occurring SUD/MH conditions.

Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

Create orsupport culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

Create and/or support recovery high schools.

Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE) Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

Purchase automated versions of SBIRT and support ongoing costs of the technology.

Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

Support hospital programsthat transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similarsettings; offer services, supports, or connections to care to persons with OUD and any co- occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

Expand warm hand-off services to transition to recovery services.

Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

Develop and support best practices on addressing OUD in the workplace.

Support assistance programs for health care providers with OUD.

Engage non-profits and the faith community as a system to support outreach for treatment.

Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative

("*PAARI*"); Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence informed treatment, including MAT, and related services.

Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are incarcerated in jail or prison.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

Provide training on best practices for addressing the needs of criminal justice- involved persons with OUD and any co occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal

abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions. Provide

enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.

Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to

custodial opioid use.

PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

Continuing Medical Education (CME) on appropriate prescribing of opioids.

Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi modal, evidence-informed treatment of pain.

Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

Increase the number of prescribers using PDMPs;

Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

Increasing electronic prescribing to prevent diversion or forgery.

Educating dispensers on appropriate opioid dispensing.

PREVENT MISUSE OF OPIOIDS

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

Funding media campaigns to prevent opioid misuse.

Corrective advertising or affirmative public education campaigns based on evidence.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

Funding community anti-drug coalitions that engage in drug prevention efforts.

Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

Engaging non-profits and faith-based communities as systems to support prevention.

Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

Create orsupport community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

Public health entities providing free naloxone to anyone in the community.

Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

Enabling school nurses and otherschool staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

Expanding, improving, or developing data tracking software and applications for overdoses/naloxone

revivals. Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from

intravenous opioid use.

Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Supporting screening for fentanyl in routine clinical toxicology testing.

FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

Provide resources to staff government oversight and management of opioid abatement programs.

TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate

the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

Research non-opioid treatment of chronic pain.

Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("ADAM") system.

Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

6. SIGNATURE/SUBMISSION/QUESTIONS

SIGNATURE

By signing below, I certify that the information provided in this document is true, accurate, and complete to the best of my knowledge.

Travis Wilson, Captain

Travis Wilson

PLEASE SUBMIT COMPLETED PACKETS AND QUESTIONS VIA EMAIL TO:

kaitlyn.kuzio@champaigncountyil.gov

Impact AEDs, LLC
impactaeds@gmail.com
22156 Elise Blvd.
Frankfort, IL 60423

Impact AEDs

Prepared For
Travis Wilson
Sangamon Valley Fire Department
104 East Sangamon Street
Fooseland, IL 61843

Estimate Date
03/16/2026

Estimate Number
400688

Description	Rate	Qty	Line Total
8000-00400-01 ZOLL Semi-Automatic AED Plus Includes: PlusRx medical prescription, one (1) Adult CPR-D electrode (5-year expiration), package of ten (10) Type 123 lithium ion batteries, soft carry case	$1,950.88	2	$3,901.76
8900-0810-01 ZOLL Pedi Pad II, 1 ea. One (1) Pediatric replacement electrode for ZOLL AED Plus and AED Pro, 2-year expiration	$150.00	2	$300.00
Shipping and Handling	$0.00	2	$0.00

Subtotal	4,201.76
Tax	0.00
Estimate Total (USD)	$4,201.76

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
SANGAMON VALLEY FIRE PROTECTION DISTRICT

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate
☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
☑ Other (see instructions) LOCAL GOVERNMENT ENTITY

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)
(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
104 E SANGAMON ST, P.O. BOX 714

Requester's name and address (optional)

6 City, state, and ZIP code
FISHER, IL 61843-0714

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
3 0 - 0 3 4 8 4 6 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person  Date 6/23/25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Sangamon Valley Fire Protection District - Champaign County
Balance Sheet
Cash Basis — As of May 31, 2025

	May 31, 25
ASSETS	
Current Assets	
Checking/Savings	
101 · FNB - Money Mkt Acct.	209,156.29
102 · Checking Acct. - F.N.B.	114,421.34
103 · FNB - Savings Acct.	2,956.49
Total Checking/Savings	326,534.12
Total Current Assets	326,534.12
Fixed Assets	
140 · Land	3,925.00
145 · Equipment	99,520.55
Total Fixed Assets	103,445.55
TOTAL ASSETS	**429,979.67**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
222 · A/P Mastecard #0192	1,162.05
Total Credit Cards	1,162.05
Other Current Liabilities	
230 · Payroll Liabilities	3.77
Total Other Current Liabilities	3.77
Total Current Liabilities	1,165.82
Total Liabilities	1,165.82
Equity	
290 · Retained Earnings	432,891.65
Net Income	-4,077.80
Total Equity	428,813.85
TOTAL LIABILITIES & EQUITY	**429,979.67**

Sangamon Valley Fire Protection District - Champaign County
Balance Sheet
Cash Basis — As of May 31, 2025

	May 31, 25
ASSETS	
Current Assets	
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Net Income	-4,077.80
Total Equity	428,813.85
TOTAL LIABILITIES & EQUITY	**429,979.67**

COMBINED ANNUAL BUDGET AND APPROPRIATION ORDINANCE FOR THE FISCAL YEAR 2025-2026

ORDINANCE NO.

BE IT ORDAINED by the Board of Trustees of Sangamon Valley Fire Protection District that there is hereby adopted for the revenue and fiscal year 2025-2026 beginning May 1, 2025, this combined annual budget and appropriation ordinance of and for Sangamon Valley Fire Protection District:

Cash on hand in all funds at the beginning of the fiscal year, May 1, 2025:	$331,974.96
Estimate of cash expected to be received during the fiscal year commencing May 1, 2025 from interest on certificate of deposit and all other sources, other than taxes:	$5000.00
State taxes for personal property replacement tax for revenue year 2024 expected to be received in 2025:	$34,000.00
Tax receipts for Revenue Year 2024 expected to be received in 2025 are $136,803.74 in the General Fund and $14,495.76 in the Liability Insurance Fund.	$151,299.50
TOTAL:	**$522,274.46**

Estimated cash to be in hand at end of fiscal year beginning May 1, 2024:

GENERAL FUND BUDGET

Estimate of expenditures contemplated for the fiscal year commencing May 1, 2025:

Item	Budget
Vehicles	
Maint.	$ 15,000.00
Fuel	$ 5,000.00
Fire Services	
Equipment Maint	$ 2,500.00
New Equipment	$ 80,050.00
Medical Services	
Medical Supplies	$ 2,000.00
Medical Equipment	$ 7,800.00
Station	
Station Supplies	$ 4,000.00
Internet	$ 1,500.00
Telephone	$ 1,000.00
Electric	$ 2,500.00
Natural Gas	$ 2,000.00
Printing/Postage	$ 750.00
Public Relations	$ 1,000.00
Personnel	
Salary	$ 25,000.00
Taxes	$ 3,500.00
Insurance	$ 21,000.00
Food/Entertainment	$ 4,500.00
Training/Education	$ 5,000.00
Other Services	
Dues/Subscriptions	$ 2,500.00
Misc. Expenses	$ 2,400.00
Legal	$ 5,000.00
Accounting	$ 5,500.00
Fire Testing Services	$ 7,500.00
Capital Expenses	
Land Purchase	$ 80,000.00
Total	**$ 287,000.00**

APPROPRIATION FOR GENERAL FUND

That there is hereby appropriated, in addition to the above sums which have heretofore been appropriated for the purposes of the District, the following amounts for the fiscal year 2024-2025, for the objects and purposes of Sangamon Valley Fire Protection District:

Item	Budget
Vehicles	
Maint.	$ 15,000.00
Fuel	$ 5,000.00
Fire Services	
Equipment Maint	$ 2,500.00
New Equipment	$ 80,050.00
Medical Services	
Medical Supplies	$ 2,000.00
Medical Equipment	$ 7,800.00
Station	
Station Supplies	$ 4,000.00
Internet	$ 1,500.00
Telephone	$ 1,000.00
Electric	$ 2,500.00
Natural Gas	$ 2,000.00
Printing/Postage	$ 750.00
Public Relations	$ 1,000.00
Personnel	
Salary	$ 25,000.00
Taxes	$ 3,500.00
Insurance	$ 21,000.00
Food/Entertainment	$ 4,500.00
Training/Education	$ 5,000.00
Other Services	
Dues/Subscriptions	$ 2,500.00
Misc. Expenses	$ 2,400.00
Legal	$ 5,000.00
Accounting	$ 5,500.00
Fire Testing Services	$ 7,500.00
Capital Expenses	
Land Purchase	$ 80,000.00
Total	**$ 287,000.00**

TOTAL

which said amounts, and the total amount of $287.000 is hereby appropriated for the purpose of defraying the expenses and liabilities of the General Fund of Sangamon Valley Fire Protection District for the fiscal year beginning May 1, 2025, to be realized out of taxes and other sources, taxes to be levied on all of the taxable property within said fire protection district.

INSURANCE FUND

LIABILITY INSURANCE PREMIUM BUDGET AND APPROPRIATION

Estimated expenditures for fiscal year beginning May 1, 2025
for Liability Insurance, Worker's Compensation Act and other
statutory liability insurance coverage..... $20,000.00

That there is hereby budgeted and appropriated for the revenue year beginning May 1, 2024, the sum of $20,000.00 pay the costs of purchasing liability insurance to protect against any loss or liability which may be incurred by the said Sangamon Valley Fire Protection District, all as provided by the "Local Governmental and Governmental Employees Tort Immunity Act", 745 ILCS 10/1-101, et seq. as follows:

Liability Insurance, Worker's Compensation Act and statutory liability
insurance premiums..... $20,000.00

PASSED:

APPROVED: YES:
NO:

SIGNED:

_____
President of the Board of Trustees of
Sangamon Valley Fire Protection District
ATTEST:

Secretary of the Board of Trustees of
Sangamon Valley Fire Protection District

ADOPTED AND APPROVED as the final action of the Trustees of Sangamon Valley Fire Protection District pursuant to vote of the undersigned Trustees on this 14th day of August, 2025 in public meeting and hearing of the undersigned Trustees of said District.

_____
BLAKE KUHNS, Trustee

_____
ERIC STALTER, Trustee

_____
DOUGLAS ENOS, Trustee

OPIOID SETTLEMENT FUNDING APPLICATION

1. APPLICATION INFORMATION

Date Submitted	April 14, 2026	**Project Date Range**	06/2026-Beyond
Name of Project or Proposal	AED Purchase	**Total Funding Requested**	$17,137.36
Purpose of Request for Funding	Equip our Deputy Squads with AED devices	**Date Funding Requested by**	06/01/2026

Organization

Name	Champaign County Sheriff's Office
Address	102 E. Main Street, Urbana, IL 61801
Email Address	www.champaigncountyil.gov/sheriff
Phone Number	217-384-1205
Website	N/A
Legal Status of your Organization	Tax Exempt Government Entity

Point of Contact

Name	Shannon Barrett
Address	102. E. Main Street, Urbana, IL 61801
Email Address	sbarrett@champaigncountyil.gov
Phone Number	217-384-1205

2. PROPOSAL SUMMARY

(One paragraph maximum)
Provide a summary of the proposed project. Briefly describe why your organization or department is requesting this funding, what results you hope to achieve, how you will spend the funds and how the project contributes to Champaign County Opioid Settlement Task Force's overall mission to serve opioid-impacted individuals and communities.

3. NARRATIVE

(Preferred length not to exceed one page)
Please include the following information:

1. Background—Describe the work of your agency, addressing each of the following:
    a. A brief description of the purpose and history of the organization
    b. The organization's mission and goals, especially highlighting those that specifically serve opioid-impacted individuals and communities
    c. Board roster and the number of paid full-time staff and/or part-time staff
2. Funding Request— Please explain the specific project to be funded including:
    a. A project description, including goals, objectives, timeline for implementation, specific activities to be funded and outcomes expected.
    b. The population(s) that you plan to serve and how they will benefit from the project.
    c. Approaches and methods and the activities planned for which this requested funding will be used.
    d. The names, titles, qualifications and experience of key personnel.
    e. Any plans for sustaining the project and for long-term sources/strategies for funding upon completion of the proposed grant.
    f. Other organizations, if any, participating in the activity.
    g. Evaluation—Please explain your expected results and how you will measure the effectiveness of your activities.

4. ATTACHMENTS

- Most recent annual statements (audited if available)
- Current operating budget
- Signed current W-9
- A detailed budget of this project
- A list of other sources of actual and expected funding, including amounts

5. APPROVED USES

Using the List of Opioid Remediation Uses and the Approved Uses of Opioid Settlement Funds, Attachments C and D of this application packet, identify which approved uses your proposal request will fulfill.

(Check or highlight ALL that apply from Attachments C AND D of this packet)

Attachment C: List of Opioid Remediation Uses

Final Distributor Settlement Agreement – Exhibit E

Schedule A Core Strategies

Settling States and Exhibit G Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies ("*Core Strategies*").[1]

[1] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

☐ NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

Expand training for first responders, schools, community support groups and families; and

Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

Provide education to school-based and youth-focused programs that discourage or prevent misuse;

Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

☐ PREGNANT & POSTPARTUM WOMEN

Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co- occurring Opioid Use Disorder ("*OUD*") and other

Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

☐ EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")

Expand comprehensive evidence-based and recovery support for NAS babies;

Expand services for better continuum of care with infant- need dyad; and

Expand long-term treatment and services for medical monitoring of NAS babies and their families.

☐ EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

Expand warm hand-off services to transition to recovery services;

Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

Hire additional social workers or other behavioral health workers to facilitate expansions above.

☐ TREATMENT FOR INCARCERATED POPULATION

Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

Increase funding for jails to provide treatment to inmates with OUD.

☐ PREVENTION PROGRAMS

Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

Funding for evidence-based prevention programs in schools;

Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with CDC guidelines, including providers at hospitals (academic detailing);

Funding for community drug disposal programs; and

Funding and training for first responders to participate in pre- arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

☐ EXPANDING SYRINGE SERVICE PROGRAMS

Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

☐ EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Attachment D: Approved Uses of Opioid Settlement Funds

Final Distributor Settlement Agreement – Exhibit E

Schedule B Approved Uses

[2] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

☑ TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence- informed programs or strategies that may include, but are not limited to, those that:[2]

Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

☐ SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

Provide comprehensive wrap-around services to individuals with OUD and any co- occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co- occurring SUD/MH conditions.

Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

Create and/or support recovery high schools.

Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

☐ CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

Purchase automated versions of SBIRT and support ongoing costs of the technology.

Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co- occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

Expand warm hand-off services to transition to recovery services.

Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

Develop and support best practices on addressing OUD in the workplace.

Support assistance programs for health care providers with OUD.

Engage non-profits and the faith community as a system to support outreach for treatment.

Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

☐ ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are incarcerated in jail or prison.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

Provide training on best practices for addressing the needs of criminal justice- involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

☐ ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal

abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions.

Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.

Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

☐ PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

Continuing Medical Education (CME) on appropriate prescribing of opioids.

Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

Increase the number of prescribers using PDMPs;

Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

Increasing electronic prescribing to prevent diversion or forgery.

Educating dispensers on appropriate opioid dispensing.

☐ PREVENT MISUSE OF OPIOIDS

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

Funding media campaigns to prevent opioid misuse.

Corrective advertising or affirmative public education campaigns based on evidence.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

Funding community anti-drug coalitions that engage in drug prevention efforts.

Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

Engaging non-profits and faith-based communities as systems to support prevention.

Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

☑ PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

Public health entities providing free naloxone to anyone in the community.

Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Supporting screening for fentanyl in routine clinical toxicology testing.

☑ FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

☐ LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

Provide resources to staff government oversight and management of opioid abatement programs.

☐ TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

☐ RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

Research non-opioid treatment of chronic pain.

Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.

Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

6. SIGNATURE/SUBMISSION/QUESTIONS

SIGNATURE

By signing below, I certify that the information provided in this document is true, accurate, and complete to the best of my knowledge.

Chief Deputy Shannon Barrett

PLEASE SUBMIT COMPLETED PACKETS AND QUESTIONS VIA EMAIL TO:

kaitlyn.kuzio@champaigncountyil.gov

Estimate

DATE	ESTIMATE #
4/7/2026	Q26-183

Vital Education and Supply
2703 W. Clark Road, #5
Champaign, IL 61822
United States of America
Office: 217-359-0101

BILL TO
Champaign Co. Sheriff Champaign County Sheriff Office 204 E. Main Urbana, IL 61801

SHIP TO
Champaign Co. Sheriff Champaign County Sheriff Office 204 E. Main Urbana, IL 61801 sherrig@co.champaign.il.us 217-384-1207

Item	Description	Qty	Rate	Amt
ZOLL AED 3 - Semi	ZOLL AED 3 - Semi Automatic AED 3, ships with battery pack, CPR Uni-padz III Adult/Pediatric Electrodes, User Manual and 8-year warranty (6-year Standard Warranty plus 2-years with Registration).	8	$1,991.17	$15,929.36
ZOLL AED 3 Carry Case	ZOLL AED 3 Carry Case	8	$151.00	$1,208.00
			SUBTOTAL	$17,137.36
			SHIPPING	$0.00
			DISCOUNT	$0.00
			TAX	$0.00
			TOTAL	$17,137.36

Quote Expiration:

Quotes are valid 30 days from the date of estimate unless otherwise noted. State sales tax will be added unless a tax-exempt certificated is provided at the time of billing. Shipping is not included unless otherwise noted. Please call for a shipping quote. Shipping is approximately 3-4 weeks unless otherwise noted.