

## AGENCY NAME & PROGRAM

### FY 2026-2027 City Grant Proposal Term Sheet

**Grant Recipient:** University of Florida College of Medicine Jacksonville/University of Florida Board of Trustees (“Recipient”)

**Program Name:** Thrive Together- Multidisciplinary Support for OUD Recovery (the “Program”)

**City Funding Request Amount:** \$499,576.00

**Contract/Grant Term:** October 1, 2026 - September 30, 2027

**Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the “Term Sheet”) or a budget change not within 10% of the attached Program budget line-items will require City Council approval.**

**PROGRAM OVERVIEW:** Opioid use disorder (OUD) continues to significantly impact Jacksonville, with more than 400 overdose deaths reported in Duval County in 2022, placing the county among the top 10 in Florida for fatal overdose rates. While recent declines in overdose mortality reflect the impact of targeted interventions such as naloxone distribution and programs like Project Save Lives and CORE, substantial gaps in treatment access remain. Many individuals face barriers, including lack of insurance, limited provider availability, transportation challenges, and persistent stigma. Addressing these barriers is critical to sustaining progress and improving long-term outcomes. Evidence supports multidisciplinary, collaborative care models as an effective approach to OUD treatment. Integrating medical, behavioral health, and social support services improves treatment retention, reduces substance use, and enhances patient engagement. To address these gaps, we propose a free, community-based Medication-Assisted Treatment (MAT) clinic in Duval County. The goals of this program are to expand access to evidence-based OUD treatment for Duval County residents, reduce morbidity and mortality and promote sustained recovery. The clinic will be staffed with a multidisciplinary team—including physicians, pharmacists, behavioral health clinicians, case workers, and health educators—that will deliver coordinated, patient-centered care. The clinic will primarily serve patients initiated on MAT in the emergency department who are not referred to inpatient treatment, ensuring continuity of care during a high-risk transition period. Services will be provided at no cost and will include medication management, evidence-based behavioral therapies, health education, and care navigation. By eliminating financial barriers, including medication costs, and expanding access to integrated services, this program addresses a critical service gap in Jacksonville’s treatment landscape. Aligned with the FY2026–2027 Opioid Settlement Proceeds Grant Program, this initiative leverages strong community partnerships (e.g., Project Save Lives, Gateway Community Services, Sulzbacher Center, Here Tomorrow, and local emergency departments) to enhance reach and coordination. Funds will be used to cover programmatic expenses. By combining pharmacologic treatment with behavioral and psychosocial support, the program addresses both the biological and social drivers of OUD and aims to reduce overdose deaths, improve treatment retention, and support sustained recovery in Jacksonville.

**PROGRAM SCOPE OF WORK AND DELIVERABLES:** As part of an integrated, multidisciplinary clinic program, patients will participate in the activities outlined below:

**Program Activity 1- Identify and Link Eligible Patients:** Program staff will work with local EDs, hospitals and other community programs to assist with linking patients to the Thrive clinic. This will include evaluating patient suitability for outpatient treatment, identifying potential resources patients may need to successfully attend clinic appointments, including housing, medication bridging, transportation, etc.

**Program Activity 2- Physician Intake Evaluation:** During the initial intake appointment, the physician will conduct a comprehensive evaluation to assess the patient’s suitability for medication-assisted treatment (MAT) and to identify potential barriers to medication adherence and recovery. This evaluation will include a review of the patient’s medical and substance abuse history, physical examination, mental health evaluation, readiness for treatment, setting treatment expectations and goals, and determination of MAT eligibility using

shared decision making with the patient.

**Program Activity 3- Medication Planning & Counselling:** After a physician has determined that a patient would benefit from MAT, an individualized medication plan will be developed by the pharmacist and physician, considering relevant patient factors and barriers identified during the intake evaluation. Medication education and counselling will be provided on proper medication use, safe storage of medications, potential side effects and drug-interactions, and other relevant topics. When medication issues are identified, medication adjustments will be performed. Components of this activity will be conducted at every visit.

**Program Activity 4- Wellness Coaching:** Patients will engage in individualized sessions with a Health Coach Educator to explore a range of health-related topics, including nutrition, physical activity, chronic pain management, sleep hygiene, and mental wellness. These sessions are designed to empower individuals to take an active role in their health by offering personalized support, evidence-based guidance, and practical resources tailored to their specific needs and goals. Wellness coaching will be performed at each visit.

**Program Activity 5- Psychological Assessments:** As part of the integrated clinical program, a licensed mental health professional will conduct behavioral health assessments and provide targeted, evidence-based interventions designed to complement pharmacological treatment and address associated comorbid mental health conditions. Interventions will include Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Mindfulness-Based Stress Reduction (MBSR), and motivational interviewing. These approaches will be strategically employed to improve patient engagement, promote adherence to prescribed medications, and support sustainable behavior change, ultimately enhancing clinical outcomes and overall quality of life. Psychological assessments will be performed at each visit.

**Program Activity 6- Resource Navigation:** A trained case worker will conduct comprehensive assessments to identify appropriate resources and provide therapeutic support to patients. This includes assistance with resource navigation and psychosocial evaluations to assess key social drivers of health such as housing stability, employment status, access to transportation, and other factors impacting overall well-being. This position will also improve treatment retention by locating and coordinating patient appointments. This activity will occur regularly, the frequency of which will depend on the individual patient's needs.

**Program Activity 7- Monitoring of medication adherence & abstinence:** At each visit, clinic staff will monitor patient adherence through a combination of tracking medication refills, pill counting, and urine drug screen interpretation. Urine drug testing will be conducted regularly to evaluate compliance with prescribed MAT and to detect any non-prescribed or illicit substance use. All team members will watch for signs of drug diversion or misuse.

**PROGRAM COSTS/PAYMENT TERMS:** The cost to operate the program is \$499,576.00. No other City of Jacksonville funds will be used to fund the program.

#### **PROGRAM IMPACT & REPORTING:**

- **Goal 1: Enroll 40 patients in the Thrive program.** *Objective 1.0* – We will enroll 40 patients over FY 2026-2027. Baseline: Patients in this program participate in intense weekly assessments, including medication and psychological therapy. In the previous two months, we enrolled 5 unique patients and conducted 21 clinic visits in these patients. Due to expected clinic closures for holidays and staff vacation, we anticipate enrolling 3-4 new patients per month. Data Source: Clinic/program Records.
- **Goal 2: Retain a substantial proportion of MAT clinic patients.** *Objective 2* - We will retain at least 50% of patients for at least 3 and 6 months. Baseline: Our historical program data suggests a 100% retention rate at 2-months. However, a similar program reported a 6-month retention and abstinence rate of 50% (Sigmon SC 2013; Brackett 2022). Data Source: Clinic/program Records.
- **Goal 3: A substantial proportion of MAT clinic patients will achieve abstinence.** *Objective 3* - At least 50% of patients will achieve abstinence within 3 and 6 months. Baseline: Our historical program data suggests a 100% abstinence rate at 2-months. However, a similar program reported a 6-month retention and abstinence rate of 50% (Sigmon SC 2013). Data Source: Clinic/program Records.
- **Goal 4: Reduction in emergency department (ED) visits for OUD after MAT clinic enrollment.**

*Objective 4* - Patients will reduce their ED utilization rates for OUD by 42% within 6 months of program involvement. Baseline: Our historical program data suggests a reduction in ED visits for OUD by 100% at 2 months. A similar program reduced ED utilization by 42% when comparing ED utilization before and after program involvement within 6 months (Sullivan RW 2021). Data Sources: Clinic/program notes, electronic health records.

- **Goal 5: Improve the quality of life for MAT clinic patients.** *Objective 5* - The majority of patients with GAD-7 scores indicating moderate to severe anxiety (i.e. GAD-7 scores greater than 9) will achieve a 4-point reduction within 6 months of program involvement. This will apply only to patients whose anxiety is not due to a medical condition such as a thyroid condition or cardiac arrhythmia. Baseline: A study found a score change by 4 points to be the minimal clinically important difference on the GAD-7 (Toussaint 2020). Data Sources: Clinic/program notes/ patient surveys.
- **Goal 6: Improve MAT clinic patient resilience and self-efficacy.** *Objective 6*- The majority of patients demonstrating low self-efficacy in resisting drug use across various scenarios, as measured by the DASES scale (score range 16-48), will improve by at least 2 points within 3 months of program involvement and by 4 points within 6 months. Baseline: Prior study has determined these threshold changes to represent a clinically meaningful change (Norman GR 2003). Data Sources: Clinic/program notes/patient surveys.
- **Goal 7: Achieve high satisfaction in patients participating in the program.** *Objective 7*- Patients will report an overall satisfaction rate of at least 90% by 6 and 12 months of program involvement. Baseline: A similar program reported that >90% of patients were highly satisfied with their treatment experience (Wu 2021). Data Sources: Clinic/program notes/ patient surveys.

#### ***Projected Program Impact:***

- **Improved Access and Engagement:** The clinic's low-barrier, integrated approach will expand access to evidence-based medication-assisted treatment for populations who often face financial, transportation, and stigma-related obstacles. By streamlining care coordination and leveraging community partnerships, the program will increase treatment initiation and retention, reducing the treatment gap in Jacksonville. We expect to serve 40 patients during the program period.
- **Enhanced Treatment Outcomes:** Grounded in strong evidence from national studies, the CCM is expected to significantly improve treatment adherence and abstinence rates. With routine behavioral interventions, close monitoring, and personalized support, patients will be better equipped to sustain long-term recovery, reducing relapse rates and overdose deaths. We expect to achieve retention and abstinence rates similar, if not better, to other CCM programs.
- **Patient Engagement and Reduced Stigma:** The clinic's team-based approach will foster greater patient activation by providing ongoing education, motivational support, and resource navigation. Engaging patients as active partners in their recovery will promote self-efficacy and resilience. Furthermore, embedding behavioral health within medical care will help mitigate stigma, encouraging more individuals to remain in treatment. We expect to improve patient activation levels over a 6-month period of program engagement. We also expect to improve other patient quality of life measures (such as anxiety).
- **Community Health and Economic Benefits:** By reducing opioid-related morbidity and mortality, the clinic will contribute to improved community wellbeing. Enhanced recovery rates will support individuals in returning to productive roles in society—employment, family, and community participation—thereby reducing social and economic burdens associated with untreated OUD. Additionally, lowering healthcare costs through prevention of overdose and complications aligns with health system sustainability goals. We expect program involvement will lead to a reduction in emergency department utilization.
- **Scalable and Sustainable Model:** The CCM's structured, team-based framework offers a replicable and sustainable model that can be expanded regionally. Continuous quality improvement processes and data-driven care will ensure the program adapts to evolving community needs and demonstrates

measurable impact over time.

**ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:**

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the Jacksonville Ordinance Code, as applicable, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. Expenditure of City funds for the Program and provision of services shall also be subject to Schedules A and B of the Florida Opioid Allocation and Statewide Response Agreement. The City's Manager of Opioid Abatement may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

**FY2027 City Grant Application**  
**Proposed Funding Period: FY 2026-2027**

**FY 2027 City Grant - Complete Program Budget Detail**

**Agency:**

University of Florida Board of Trustees (University of Florida College of Medicine Jacksonville)

**Program Name:**

Thrive Together - Multidisciplinary Support for OUD Recovery

**Agency Fiscal Year End:**

June 30

**BUDGET**

| Categories and Line Items                                       | Current Year<br>Prg Budget<br>FY 2025-2026 | Total Est. Cost<br>of Program<br>FY 2026-2027 | Funding Partners                        |                                   |                                  |
|-----------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|-----------------------------------------|-----------------------------------|----------------------------------|
|                                                                 |                                            |                                               | City of<br>Jacksonville<br>(City Grant) | Federal/ State &<br>Other Funding | All Other<br>Program<br>Revenues |
| <b>I. Employee Compensation</b>                                 |                                            |                                               |                                         |                                   |                                  |
| <b>Personnel - 01201 (list Job Title or Positions no names)</b> |                                            |                                               |                                         |                                   |                                  |
| 1. Executive Director                                           | \$24,038.48                                | \$14,981.09                                   | \$14,981.09                             | \$0.00                            | \$0.00                           |
| 2. Medical Director                                             | \$35,980.89                                | \$56,570.62                                   | \$56,570.62                             | \$0.00                            | \$0.00                           |
| 4. Pharmacist                                                   | \$13,532.48                                | \$6,095.83                                    | \$6,095.83                              | \$0.00                            | \$0.00                           |
| 5. Program Manager                                              | \$16,228.68                                | \$25,025.00                                   | \$25,025.00                             | \$0.00                            | \$0.00                           |
| 5. Mental/Behavior Health Professional                          | \$11,703.38                                | \$14,162.50                                   | \$14,162.50                             | \$0.00                            | \$0.00                           |
| 6. Clinical Programs Coordinator                                | \$0.00                                     | \$12,058.90                                   | \$12,058.90                             | \$0.00                            | \$0.00                           |
| 7. Health Educator Coach                                        | \$24,186.98                                | \$12,058.90                                   | \$12,058.90                             | \$0.00                            | \$0.00                           |
| 8. Admin Program Manager/Director                               | \$0.00                                     | \$6,321.20                                    | \$6,321.20                              | \$0.00                            | \$0.00                           |
| 9. Physician                                                    | \$12,874.18                                | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| 10. Pharmacist/Board Certified Health and Wellness Coach        | \$27,255.46                                | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| 10. Pharmacy Technician                                         | \$2,346.24                                 | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| 11. Social Worker/Case Manager                                  | \$6,566.25                                 | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| 12. Program Director                                            | \$20,285.85                                | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| <b>Subtotal Employee Compensation</b>                           | <b>\$194,998.87</b>                        | <b>\$147,274.04</b>                           | <b>\$147,274.04</b>                     | <b>\$0.00</b>                     | <b>\$0.00</b>                    |
| <b>Fringe Benefits</b>                                          |                                            |                                               |                                         |                                   |                                  |
| Payroll Taxes - FICA & Med Tax - 02101                          | \$12,725.99                                | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Health Insurance - 02304                                        | \$25,540.33                                | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Retirement - 02201                                              | \$18,160.35                                | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Dental - 02301                                                  | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Life Insurance - 02303                                          | \$344.88                                   | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Workers Compensation - 02401                                    | \$1,014.86                                 | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Unemployment Taxes - 02501                                      | \$15.88                                    | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Other - (Disability)                                            | \$649.96                                   | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Other Benefits - (UF Pooled Fringe Rate)                        | \$0.00                                     | \$41,811.72                                   | \$41,811.72                             | \$0.00                            | \$0.00                           |
| <b>Subtotal Taxes and Benefits</b>                              | <b>\$58,452.25</b>                         | <b>\$41,811.72</b>                            | <b>\$41,811.72</b>                      | <b>\$0.00</b>                     | <b>\$0.00</b>                    |
| <b>Total Employee Compensation</b>                              | <b>\$253,451.12</b>                        | <b>\$189,085.76</b>                           | <b>\$189,085.76</b>                     | <b>\$0.00</b>                     | <b>\$0.00</b>                    |
| <b>II. Operating Expenses</b>                                   |                                            |                                               |                                         |                                   |                                  |
| <b>Occupancy Expenses</b>                                       |                                            |                                               |                                         |                                   |                                  |
| Rent - Occupancy -04408                                         | \$40,694.90                                | \$54,000.00                                   | \$54,000.00                             | \$0.00                            | \$0.00                           |
| Telephone - 04181                                               | \$0.00                                     | \$900.00                                      | \$900.00                                | \$0.00                            | \$0.00                           |
| Utilities - 04301                                               | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Maintenance and Repairs - 04603                                 | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Insurance Property & General Liability - 04502                  | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| **Other - (Please describe)                                     | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| <b>Office Expenses</b>                                          |                                            |                                               |                                         |                                   |                                  |
| Office and Other Supplies - 05101                               | \$250.00                                   | \$227.35                                      | \$227.35                                | \$0.00                            | \$0.00                           |
| Postage - 04101                                                 | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Printing and Advertising - 04801                                | \$1,749.00                                 | \$964.79                                      | \$964.79                                | \$0.00                            | \$0.00                           |
| Publications - 05216                                            | \$1,883.00                                 | \$1,883.00                                    | \$1,883.00                              | \$0.00                            | \$0.00                           |
| Staff Training - 05401                                          | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Directors & Officers - Insurance - 04501                        | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Professional Fees & Services (not audit) - 03410                | \$0.00                                     | \$92,277.90                                   | \$92,277.90                             | \$0.00                            | \$0.00                           |
| Background Screening - 04938                                    | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Office Equipment under \$5,000 - 06403                          | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| **Other - (Please describe)                                     | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| <b>Travel Expenses</b>                                          |                                            |                                               |                                         |                                   |                                  |
| Local Mileage - 04021                                           | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Parking & Tools - 04028                                         | \$0.00                                     | \$50.00                                       | \$50.00                                 | \$0.00                            | \$0.00                           |
| <b>Equipment Expenses</b>                                       |                                            |                                               |                                         |                                   |                                  |
| Rental & Leases - Equipment - 04402                             | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Vehicle Fuel and Maintenance - 04216                            | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Vehicle Insurance -04502                                        | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| **Other - (Please describe)                                     | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| <b>Direct Client Expenses - 08301</b>                           |                                            |                                               |                                         |                                   |                                  |
| Client Rent                                                     | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Client Utilities                                                | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Client Food                                                     | \$0.00                                     | \$200.00                                      | \$200.00                                | \$0.00                            | \$0.00                           |
| Client Medical                                                  | \$184,950.00                               | \$125,987.20                                  | \$125,987.20                            | \$0.00                            | \$0.00                           |
| Client Educational                                              | \$2,021.70                                 | \$3,600.00                                    | \$3,600.00                              | \$0.00                            | \$0.00                           |
| Client Personal                                                 | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Other - (Client Transportation)                                 | \$15,000.00                                | \$30,400.00                                   | \$30,400.00                             | \$0.00                            | \$0.00                           |
| <b>Total Operating Expenses</b>                                 | <b>\$246,548.60</b>                        | <b>\$310,490.24</b>                           | <b>\$310,490.24</b>                     | <b>\$0.00</b>                     | <b>\$0.00</b>                    |
| <b>III. Operating Capital Outlay (OVER \$5,000)</b>             |                                            |                                               |                                         |                                   |                                  |
| Machinery & Equipment - 06402                                   | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| Computers & Software - 06427                                    | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| **Other - (Please describe)                                     | \$0.00                                     | \$0.00                                        | \$0.00                                  | \$0.00                            | \$0.00                           |
| <b>Total Capital Outlay</b>                                     | <b>\$0.00</b>                              | <b>\$0.00</b>                                 | <b>\$0.00</b>                           | <b>\$0.00</b>                     | <b>\$0.00</b>                    |
| <b>Direct Expenses Total</b>                                    | <b>\$499,999.72</b>                        | <b>\$499,576.00</b>                           | <b>\$499,576.00</b>                     | <b>\$0.00</b>                     | <b>\$0.00</b>                    |
| <b>Percent of Budget</b>                                        | <b>-</b>                                   | <b>100.0%</b>                                 | <b>100.0%</b>                           | <b>0.0%</b>                       | <b>0.0%</b>                      |

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions

\*\*All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

| FY 2026-2027 City of Jacksonville Grant - Part B Program Budget Narrative                                                                                                                                                     |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| University of Florida Board of Trustees (University of Florida College of<br>Requesting Agency Legal Name: <u>Medicine Jacksonville</u> Program Name: <u>Thrive Together - Multidisciplinary Support for OUD Recovery</u>     |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Provide a narrative description for all expenditure categories listed below for which you are seeking <b>City of Jacksonville Funding Only (Part A Column G)</b> .                                                            |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Every line item for which a requesting agency is seeking OSGP funding in Part A Program Budget Detail (Column G) must also be listed below with a <b>clear and specific explanation of how the line item was calculated</b> . |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Follow the prompts and include the necessary details based on expenditure type to describe and justify the expense and explain how the budgeted amount was calculated.                                                        |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Adjust the height of rows as needed, merge cells, and/or use the "Wrap Text" feature to ensure this section is clear, complete, and legible.                                                                                  |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| You may delete any row for which your requesting agency is not requesting funding, or leave the row blank.                                                                                                                    |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| <b>I. Employee Compensation:</b>                                                                                                                                                                                              |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
|                                                                                                                                                                                                                               | Personnel (Salary & Wages)                                                                                                | Request Amount            | What is the position's FTE? (40 hrs/wk or more = 1.0; 20 hrs/wk = 0.50, etc.)                                                                                                                                                                                                                                                                                                                                                                                                    | What percentage of the position's time and effort will be devoted to the Program? This will be expected to be consistent throughout the 12-month grant cycle unless otherwise specified (i.e. 50% effort Oct-Dec and 25% effort Jan-Sept). | What is the position's estimated annual salary or hourly wages and estimated number of hours worked each week? | Are there any matching funds for this position? Explain. |
| #1                                                                                                                                                                                                                            | <b>Executive Director</b><br>Briefly describe position responsibilities to the Program for Position #1:                   | \$14,981.09               | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5% (October 2026 - August 2027)                                                                                                                                                                                                            | 326,860.20, 40                                                                                                 | No<br>eligible for fringe benefits. Refer to row 43.     |
| #2                                                                                                                                                                                                                            | <b>Medical Director</b><br>Briefly describe position responsibilities to the Program for Position #2:                     | \$56,570.62               | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20% (October 2026 - August 2027)                                                                                                                                                                                                           | 308,567, 40                                                                                                    | No<br>eligible for fringe benefits. Refer to row 43.     |
| #3                                                                                                                                                                                                                            | <b>Pharmacist</b><br>Briefly describe position responsibilities to the Program for Position #3:                           | \$6,095.83                | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5% (October 2026 - August 2027)                                                                                                                                                                                                            | 133,000, 40                                                                                                    | No<br>eligible for fringe benefits. Refer to row 43.     |
| #4                                                                                                                                                                                                                            | <b>Program Manager</b><br>Briefly describe position responsibilities to the Program for Position #4:                      | \$25,025.00               | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 35% (October 2026 - August 2027)                                                                                                                                                                                                           | 78,000, 40                                                                                                     | No<br>eligible for fringe benefits. Refer to row 43.     |
| #5                                                                                                                                                                                                                            | <b>Mental/Behavior Health Professional</b><br>Briefly describe position responsibilities to the Program for Position #5:  | \$14,162.50               | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15% (October 2026 - August 2027)                                                                                                                                                                                                           | 103,000.00, 40                                                                                                 | No<br>eligible for fringe benefits. Refer to row 43.     |
| #6                                                                                                                                                                                                                            | <b>Clinical Programs Coordinator</b><br>Briefly describe position responsibilities to the Program for Position #6:        | \$12,058.90               | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20% (October 2026 - August 2027)                                                                                                                                                                                                           | 65,775.80, 40                                                                                                  | No<br>eligible for fringe benefits. Refer to row 43.     |
| #7                                                                                                                                                                                                                            | <b>Health Educator Coach</b><br>Briefly describe position responsibilities to the Program for Position #7:                | \$12,058.90               | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20% (October 2026 - August 2027)                                                                                                                                                                                                           | 65,775.80, 40                                                                                                  | No<br>eligible for fringe benefits. Refer to row 43.     |
| #8                                                                                                                                                                                                                            | <b>Admin Program Manager/Director</b><br>Briefly describe position responsibilities to the Program for Position #8:       | \$6,321.20                | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5% (October 2026 - August 2027)                                                                                                                                                                                                            | 137,917.00, 40                                                                                                 | No<br>eligible for fringe benefits. Refer to row 43.     |
| #9                                                                                                                                                                                                                            | <b>[Insert job title for Position #9]</b><br>Briefly describe position responsibilities to the Program for Position #9:   |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| #10                                                                                                                                                                                                                           | <b>[Insert job title for Position #10]</b><br>Briefly describe position responsibilities to the Program for Position #10: |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| <b>Fringe Benefits (Taxes &amp; Benefits)</b>                                                                                                                                                                                 |                                                                                                                           | <b>COJ Request Amount</b> | <b>Narrative/Justification/Explanation/Calculations</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Payroll Taxes - FICA & Med Tax                                                                                                                                                                                                |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Health Insurance                                                                                                                                                                                                              |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Retirement                                                                                                                                                                                                                    |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Dental                                                                                                                                                                                                                        |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Life Insurance                                                                                                                                                                                                                |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Workers Compensation                                                                                                                                                                                                          |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Unemployment Taxes                                                                                                                                                                                                            |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Other Benefits - (Disability)                                                                                                                                                                                                 |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Other Benefits - (UF Pooled Fringe Rate)                                                                                                                                                                                      |                                                                                                                           | \$41,811.72               | UF fringe rates are listed at <a href="https://admin.hr.ufl.edu/compensation/fringe-benefits/">https://admin.hr.ufl.edu/compensation/fringe-benefits/</a> .                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| <b>II. Operating Expenses:</b>                                                                                                                                                                                                |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| <b>Occupancy Expenses</b>                                                                                                                                                                                                     |                                                                                                                           | <b>COJ Request Amount</b> | <b>Narrative/Justification/Explanation/Calculations</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Rent - Occupancy                                                                                                                                                                                                              |                                                                                                                           | \$54,000.00               | Program will continue a Memorandum of Understanding (MOU) with UF College of Medicine - Jacksonville, Department of Family Medicine for the use of their clinic space on the UF Health Jacksonville campus. The Department of Family Medicine charges \$150 per hour for their clinic space. The program will provide patient care for a minimum of 8 hours once a week for 45 weeks at \$150 per hour (\$54,000.00).                                                            |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Telephone                                                                                                                                                                                                                     |                                                                                                                           | \$900.00                  | Requesting funds for a monthly program phone line to support clinical care, clinical support, and other relevant duties. Approximately \$81.81 per month for 11 months                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Utilities                                                                                                                                                                                                                     |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Maintenance and Repairs                                                                                                                                                                                                       |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Insurance Property & General Liability                                                                                                                                                                                        |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Other Occupancy Expenses - (Please describe)                                                                                                                                                                                  |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| <b>Office Expenses</b>                                                                                                                                                                                                        |                                                                                                                           | <b>COJ Request Amount</b> | <b>Narrative/Justification/Explanation/Calculations</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Office and Other Supplies                                                                                                                                                                                                     |                                                                                                                           | \$227.35                  | Requesting funds for office and other supplies to support the Thrive Together Clinic - Multidisciplinary Support for OUD Recovery. Approximately \$20.67 per month for 11 months.                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Postage                                                                                                                                                                                                                       |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Printing and Advertising                                                                                                                                                                                                      |                                                                                                                           | \$964.79                  | Requesting funds for printing program relevant materials, advertising the program, as well as community resources and navigation, and program retention and coordination materials. Approximately \$87.70 per month for 11 months.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Publications                                                                                                                                                                                                                  |                                                                                                                           | \$1,883.00                | Requesting funds for program relevant manuals and health assessments, evidence-based interventions materials, and other relevant manuals, assessments, and materials. Approximately \$171.18 per month for 11 months.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Staff Training                                                                                                                                                                                                                |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Directors & Officers - Insurance                                                                                                                                                                                              |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Professional Fees & Services (not audit)                                                                                                                                                                                      |                                                                                                                           | \$92,277.90               | Requesting funds for professional fees and services under the established pharmacy services agreement between the University of Florida (UF College of Medicine-Jacksonville Department of Emergency Medicine (UFCOMJ) or UF) and Shands Jacksonville Medical Center, Inc. (SJMC) for the purpose of collaborating on a project titled Thrive Together - Multidisciplinary Support for OUD Recovery at UF Health Jacksonville. Approximately \$8,388.90 per month for 11 months. |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Background Screening                                                                                                                                                                                                          |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Other - Equipment under \$5,000                                                                                                                                                                                               |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Other Office Expenses - (Please describe)                                                                                                                                                                                     |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| <b>Travel Expenses</b>                                                                                                                                                                                                        |                                                                                                                           | <b>COJ Request Amount</b> | <b>Narrative/Justification/Explanation/Calculations</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Local Mileage                                                                                                                                                                                                                 |                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| Parking & Tolls                                                                                                                                                                                                               |                                                                                                                           | \$50.00                   | Requesting funds for parking & tolls related to monthly in-person COJ Opioid Settlement Proceeds Grants Program meetings that are located at City Hall - Jacksonville. Approximately \$4.54 per month for 11 months                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |
| <b>Equipment Expenses</b>                                                                                                                                                                                                     |                                                                                                                           | <b>COJ Request Amount</b> | <b>Narrative/Justification/Explanation/Calculations</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            |                                                                                                                |                                                          |

|                                                      |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rental & Leases - Equipment                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Vehicle Fuel and Maintenance                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Vehicle Insurance                                    |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Other Equipment Expenses - (Please describe)         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Direct Client Expenses</b>                        | <b>COJ Request Amount</b> | <b>Narrative/Justification/Explanation/Calculations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Client Rent                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Client Utilities                                     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Client Food                                          | \$200.00                  | Requesting funds to supply healthy snacks for patients during MOUD stabilization. Nutrition can play a key role in the treatment and recovery for individuals with OUD. For example, many patients initially feel nauseated with certain medications used for OUD treatment. Providing patients who face food insecurity during the initial phase of treatment with healthy snacks (granola bars, trail mix, etc) will promote compliance with prescribed medications. Approximately \$5.00 per patient x 40 patients                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Client Medical                                       | \$125,987.20              | The funds from this grant will ensure the availability of FDA-approved medications for the treatment of opioid use disorder. Treatment medication options could include, but are not limited to clonidine, hydroxyzine, ondansetron, buprenorphine, naloxone, and others that are deemed clinically appropriate. Given the variance in individual needs, including the differences in medication costs, an estimated average monthly cost will be \$155.88 per patient per month (\$155.88 medication per month x 11 months x 40 patients = \$68,587.20). Urine drug testing is a tool for measuring an individual's progress in treatment, as well as being an objective measure of treatment compliance. Urine drug testing will be conducted regularly to evaluate compliance with prescribed MAT. Each patient may complete, on average, 7 random drug tests. The cost per urine drug test is \$205 per patient (\$205 x 7 urine drug tests x 40 patients = \$57,400.00). |
| Client Educational                                   | \$3,600.00                | Patients will receive program relevant materials and supplies during their visits to use at home. Relevant materials will explore a range of health-related topics. The cost of materials and supplies will be around \$75 per patient.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Client Personal                                      |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Client Other - (Client Transportation)               | \$30,400.00               | Transportation services will be available to patients to attend in-person visits at the clinic. 40 patients will attend up to 20 in-person visits with a \$38 transportation voucher per visit (\$38 transportation voucher x 40 patients x 20 in-person visits = \$30,400).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>III. Operating Capital Outlay (OVER \$5,000):</b> |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                      | <b>COJ Request Amount</b> | <b>Narrative/Justification/Explanation/Calculations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Machinery & Equipment                                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Computers & Software                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Other Operating Capital Outlay - (Please describe)   |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |