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**NC OPIOID SETTLEMENTS:**

**Exhibit C Collaborative Strategic Planning Worksheets**

**for Option B Report and Recommendations**

**BACKGROUND**

Under the North Carolina Memorandum of Agreement (MOA) governing opioid settlement funds, a local government must spend opioid settlement funds on opioid remediation activities authorized under Option A and/or Option B.

Under Option A, a local government may fund one or more strategies from a shorter list of approved high impact strategies listed in Exhibit A of the MOA.

Under Option B, a local government must first undertake the following steps:

1. Engage in a collaborative strategic planning process described in Exhibit C;
2. Draft a report and recommendations, including all of the contents described in the right-hand column of Exhibit C;
3. Present the report and recommendations to the local governing body, such as the county board or city council;
4. Submit the report and recommendations to CORE-NC within 90 days of the date the report and recommendations were presented to the local governing body.

Once the report and recommendations have been submitted to the local governing body for consideration, the local governing body may decide to fund one or more strategies from the shorter list of approved strategies listed in Exhibit A and/or the longer list of strategies from the national settlements in Exhibit B.

Exhibit C and the collaborative strategic planning worksheets appear on the following pages.

EXHIBIT C to NC MOA:

COLLABORATIVE STRATEGIC PLANNING PROCESS UNDER OPTION B

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ACTIVITY NAME** | **ACTIVITY DETAIL** | **CONTENT OF**  **REPORT & RECOMMENDATIONS** |
| A | Engage diverse stakeholders | Engage diverse stakeholders, per "ITEM A DETAIL" below, throughout the collaborative strategic planning process | Report on stakeholder engagement per "ITEM A DETAIL" below |
| B | Designate facilitator | Designate a person or entity to facilitate the strategic collaborative planning process. Consider a trained, neutral facilitator. | Identify the facilitator |
| C | Build upon any related planning | Build upon or coordinate with prior or concurrent planning efforts that address addiction, drug misuse, overdose, or related issues, including but not limited to community health assessments. | Report any related planning efforts you will build upon or coordinate with |
| D | Agree on shared vision | Agree on a shared vision for positive community change, considering how strategic investments of Opioid Settlement Funds have the potential to improve community health and well-being and address root causes of addiction, drug misuse, overdose, and related issues | Report on shared vision for positive community change |
| E | Identify key indicator(s) | Identify one or more population-level measures to monitor in order to gauge progress towards the shared vision. (The NC Opioid Action Plan Data Dashboard contains several such measures.) | Report on the key indicators selected |
| F | Identify and explore root causes | Explore root causes of addiction, drug misuse, overdose, and related issues in the community, using quantitative data as well as stakeholder narratives, community voices, the stories of those with lived experience, or similar qualitative information | Report on root causes as described |
| G | Identify and evaluate potential strategies | Identify potential strategies to address root causes or other aspects of the opioid epidemic; identify these strategies (by letter or number) on EXHIBIT A or EXHIBIT B, and consider the effectiveness of each strategy based on available evidence | Identify and evaluate potential strategies |
| H | Identify gaps in existing efforts | For each potential strategy identified (or for favored strategies), survey existing programs, services, or supports that address the same or similar issues; and identify gaps or shortcomings | Report on survey of and gaps in existing efforts |
| I | Prioritize strategies | Prioritize strategies, taking into account your shared vision, analysis of root causes, evaluation of each strategy, and analysis of gaps in existing efforts | Report on prioritization of strategies |
| J | Identify goals, measures, and evaluation  plan | For each strategy (or favored strategy), develop goals and an evaluation plan that includes at least one process measure (How much did you do?), at least one quality measure (How well did you do it?), and at least one outcome measure (Is anyone better off?) | Report on goals, measures, and evaluation plan for each chosen strategy |
| K | Consider ways to align strategies | For each potential strategy identified (or for favored strategies), consider opportunities to braid Opioid Settlement Funds with other funding streams; develop regional solutions; form strategic partnerships; or to pursue other creative solutions | Report on opportunities to align strategies as described |
| L | Identify organizations | Identify organizations and agencies with responsibility to implement each strategy; and identify the human, material, and capital resources to implement each strategy | Identify organizations and needs to implement each strategy |

|  |  |  |  |
| --- | --- | --- | --- |
| M | Develop budgets and timelines | Develop a detailed global budget for each strategy with anticipated expenditures, along with timelines for completing components of each strategy | Report budgets and timelines for each strategy |
| N | Offer recommen- dations | Offer recommendations to local governing body (e.g., the county board, city council, or other local governing body) | Report recommendations to governing body |
| **ITEM A DETAIL: STAKEHOLDER INVOLVEMENT** | | | |
|  | **STAKE- HOLDERS** | **DESCRIPTION** | **CONTENT OF**  **REPORT & RECOMMENDATIONS** |
| A- 1 | Local officials | County and municipal officials, such as those with responsibility over public health, social services, and emergency services | Report stakeholder involvement (who and how involved in process) |
| A- 2 | Healthcare providers | Hospitals and health systems, addiction professionals and other providers of behavioral health services, medical professionals, pharmacists, community health centers, medical safety net providers, and other healthcare providers | same as above |
| A- 3 | Social service providers | Providers of human services, social services, housing services, and community health services such as harm reduction, peer support, and recovery support services | same |
| A- 4 | Education and employment service  providers | Educators, such as representatives of K-12 schools, community colleges, and universities; and those providing vocational education, job skills training, or related employment services | same |
| A- 5 | Payers and funders | Health care payers and funders, such as managed care organizations, prepaid health plans, LME-MCOs, private insurers, and foundations | same |
| A- 6 | Law enforcement | Law enforcement and corrections officials | same |
| A- 7 | Employers | Employers and business leaders | same |
| A- 8 | Community groups | Community groups, such as faith communities, community coalitions that address drug misuse, groups supporting people in recovery, youth leadership organizations, and grassroots community organizations | same |
| A- 9 | Stakeholders with "lived experience" | Stakeholders with "lived experience," such as people with addiction, people who use drugs, people in medication-assisted or other treatment, people in recovery, people with criminal justice involvement, and family members or loved ones of the individuals just listed | same |
| A- 10 | Stakeholders reflecting diversity of community | Stakeholders who represent the racial, ethnic, economic, and cultural diversity of the community, such as people of color, Native Americans, members of the LGBTQ community, and members of traditionally unrepresented or underrepresented groups | same |

**WORKSHEETS**

The following worksheets were developed for local governments engaging in a collaborative strategic planning process to determine use of the national opioid settlement funds awarded to their communities.

The worksheets can be used to capture the results of various collaborative strategic planning activities and document each required step outlined in Exhibit C of the MOA. These completed worksheets can then be included as part of your required Option B Report and Recommendations (R&R) to be [submitted to CORE-NC](https://ncopioidsettlement.org/reporting/#optionb) within 90 days of presenting the results of the planning process and recommendations to your governing Board or Council. Please note that the comment boxes along the right side of the document are instructions and should be deleted before the document is finalized and submitted.

Exhibit C was provided so that those local governments that choose Option B would understand the required activities and related results that are part of the collaborative strategic planning process. Those activities are:

1. Engage diverse stakeholders
2. Designate facilitator
3. Build upon any related planning
4. Agree on shared vision
5. Identify key indicator(s)
6. Identify and explore root causes
7. Identify and evaluate potential strategies
8. Identify gaps in existing efforts
9. Prioritize strategies
10. Identify goals, measures, and evaluation plan
11. Consider ways to align strategies
12. Identify organizations
13. Develop budgets and timelines
14. Offer recommendations

The activities have been organized into the following three sections in these worksheets:

* **Section One: Preliminary Planning** includes activities A-H
* **Section Two: Priority Planning** includes activities I-L
* **Section Three: Operational Planning** includes activities M and N

The North Carolina Association of County Commissioners (NCACC) strives to assist and support NC counties in planning for and utilizing national opioid settlement funds, managing strategic health initiatives, and maximizing resources and impact through outreach, education, and collaboration. The members of the Strategic Member Services (SMS) Opioid Settlement Technical Assistance Team (OSTAT) hope you find these worksheets useful. Please refer to the Collaborative Strategic Planning Toolkit, also developed by OSTAT, for guidance on how to conduct these activities. For additional questions or suggestions, please email [opioidsettlement@ncacc.org](mailto:opioidsettlement@ncacc.org).

**[NAME OF NC LOCAL GOVERNMENT/Letterhead]**

**Collaborative Strategic Planning Report and Recommendations**

**SECTION ONE: PRELIMINARY PLANNING**

**A. Engage diverse stakeholders**

**Table A.1**

|  |  |  |
| --- | --- | --- |
| **Stakeholders** | **List Name, Role/Position of each Stakeholder** | **Please circle how often the people in the role/position were engaged in the planning process.** |
|  |  |  |
| Local officials |  | Never Rarely Sometimes Usually Always |
| Healthcare providers |  | Never Rarely Sometimes Usually Always |
| Social service providers |  | Never Rarely Sometimes Usually Always |
| Education and employment service providers |  | Never Rarely Sometimes Usually Always |
| Payers and funders |  | Never Rarely Sometimes Usually Always |
| Law enforcement |  | Never Rarely Sometimes Usually Always |
| Employers |  | Never Rarely Sometimes Usually Always |
| Community groups |  | Never Rarely Sometimes Usually Always |
| Stakeholders with lived experience |  | Never Rarely Sometimes Usually Always |
| Stakeholders reflecting diversity of community |  | Never Rarely Sometimes Usually Always |

**B. Designate facilitator**

Facilitator’s Name: \_\_\_\_\_\_

Facilitator’s Email Address: \_\_\_\_\_\_

Facilitator’s Organization/Agency Name: \_\_\_\_\_\_

**C. Build upon any related** planning:

1. Plan Name: \_\_\_\_\_\_
   1. Summary of Plan and relevant overlap or alignment: \_\_\_\_\_\_
   2. Link to Plan: \_\_\_\_\_\_
2. Plan Name: \_\_\_\_\_\_
   1. Summary of Plan and relevant overlap or alignment: \_\_\_\_\_\_
   2. Link to Plan: \_\_\_\_\_\_

**D. Agree on shared vision**

Vision Statement: \_\_\_\_\_\_

**E. Identify key indicator(s)**

Key indicator(s):

**F. Identify and explore root causes** (See [*Opioid Crisis: No Easy Fix to Its Social and Economic Determinants*](https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304187) for ideas.)

List and explain how root causes were identified:

1. Root Cause: \_\_\_\_\_\_
2. Root Cause: \_\_\_\_\_\_
3. Root Cause: \_\_\_\_\_\_
4. Root Cause: \_\_\_\_\_\_
5. Root Cause: \_\_\_\_\_\_

**G. Identify and evaluate potential strategies**

**Table G.1: Root Cause #1: \_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential Strategies to Address Root Cause** | | | |
| Exhibit A or  Exhibit B | Number  and/or  Letter | Potential Strategy Name | How do you know that this potential strategy will be effective at addressing this identified root cause? |
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| --- | --- | --- | --- |
| **Table G.2: Root Cause #2: \_\_\_\_\_\_Potential Strategies to Address Root Cause** | | | |
| Exhibit A or  Exhibit B | Number  and/or  Letter | Potential Strategy Name | How do you know that this potential strategy will be effective at addressing this identified root cause? |
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**Table G.3: Root Cause #3: \_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Potential Strategies to Address Root Cause** | | | |
| Exhibit A or  Exhibit B | Number  and/or  Letter | Potential Strategy Name | How do you know that this potential strategy will be effective at addressing this identified root cause? |
|  |  |  |  |
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**Table G.4: Root Cause #4: \_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential Strategies to Address Root Cause** | | | |
| Exhibit A or  Exhibit B | Number  and/or  Letter | Potential Strategy Name | How do you know that this potential strategy will be effective at addressing this identified root cause? |
|  |  |  |  |
|  |  |  |  |
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**Table G.5: Root Cause #5: \_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential Strategies to Address Root Cause** | | | |
| Exhibit A or  Exhibit B | Number  and/or  Letter | Potential Strategy Name | How do you know that this potential strategy will be effective at addressing this identified root cause? |
|  |  |  |  |
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**H. Identify gaps in existing efforts**

**Table H.1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Gaps** | | | |
| Exhibit A or  Exhibit B | Number  and/or  Letter | Potential Strategy Name | 1. What other existing programs, services or supports are working on this potential strategy? 2. What gaps exist? |
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**SECTION TWO: PRIORITY PLANNING**

**I. Prioritize strategies, and,**

**J. Identify goals, measures, and evaluation plan**

**Table J.1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prioritized Strategies** | | | |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** | |
| This strategy was prioritized because… | | | |
| The goal for this strategy is… | | | |
| **Evaluation Questions** | What measure(s) will be used to answer evaluation question? | | Where will you get the information to answer the evaluation question? [Data source] |
| How much did you do? |  | |  |
| How well did you do it? |  | |  |
| Is anyone better off? |  | |  |

**Table J.2:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prioritized Strategies** | | | |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** | |
| This strategy was prioritized because… | | | |
| The goal for this strategy is… | | | |
| **Evaluation Questions** | What measure(s) will be used to answer evaluation question? | | Where will you get the information to answer the evaluation question? |
| How much did you do? |  | |  |
| How well did you do it? |  | |  |
| Is anyone better off? |  | |  |

**Table J.3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prioritized Strategies** | | | |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** | |
| This strategy was prioritized because… | | | |
| The goal for this strategy is… | | | |
| **Evaluation Questions** | What measure(s) will be used to answer evaluation question? | | Where will you get the information to answer the evaluation question? |
| How much did you do? |  | |  |
| How well did you do it? |  | |  |
| Is anyone better off? |  | |  |

**Table J.4**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prioritized Strategies** | | | |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** | |
| This strategy was prioritized because… | | | |
| The goal for this strategy is… | | | |
| **Evaluation Questions** | What measure(s) will be used to answer evaluation question? | | Where will you get the information to answer the evaluation question? |
| How much did you do? |  | |  |
| How well did you do it? |  | |  |
| Is anyone better off? |  | |  |

**Table J.5**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prioritized Strategies** | | | |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** | |
| This strategy was prioritized because… | | | |
| The goal for this strategy is… | | | |
| **Evaluation Questions** | What measure(s) will be used to answer evaluation question? | | Where will you get the information to answer the evaluation question? |
| How much did you do? |  | |  |
| How well did you do it? |  | |  |
| Is anyone better off? |  | |  |

**K. Consider key ways to align strategies**

**Table K.1**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number or Letter:** | **Priority Strategy Name:** |
| Is there an opportunity to … | | |
| braid opioid settlement funds with other funding streams? If yes, describe. |  | |
| develop regional solutions? If yes, describe. |  | |
| form strategic partnerships? If yes, describe. |  | |
| pursue other creative solutions? If yes, describe. |  | |

**Table K.2**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number or Letter:** | **Priority Strategy Name:** |
| Is there an opportunity to … | | |
| braid opioid settlement funds with other funding streams? If yes, describe. |  | |
| develop regional solutions? If yes, describe. |  | |
| form strategic partnerships? If yes, describe. |  | |
| pursue other creative solutions? If yes, describe. |  | |

**Table K.3**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number or Letter:** | **Priority Strategy Name:** |
| Is there an opportunity to … | | |
| braid opioid settlement funds with other funding streams? If yes, describe. |  | |
| develop regional solutions? If yes, describe. |  | |
| form strategic partnerships? If yes, describe. |  | |
| pursue other creative solutions? If yes, describe. |  | |

**Table K.4**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** |
| Is there an opportunity to … | | |
| braid opioid settlement funds with other funding streams? If yes, describe. |  | |
| develop regional solutions? If yes, describe. |  | |
| form strategic partnerships? If yes, describe. |  | |
| pursue other creative solutions? If yes, describe. |  | |

**Table K.5**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** |
| Is there an opportunity to … | | |
| braid Opioid Settlement Funds with other funding streams? If yes, describe. |  | |
| develop regional solutions? If yes, describe. |  | |
| form strategic partnerships? If yes, describe. |  | |
| pursue other creative solutions? If yes, describe. |  | |

**L. Identify organizations**

**Table L.1**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** |
| What organization(s) could implement this strategy? |  | |
| What human resources are needed? |  | |
| What material resources are needed? |  | |
| What capital resources are needed? |  | |

**Table L.2**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** |
| What organization(s) could implement this strategy? |  | |
| What human resources are needed? |  | |
| What material resources are needed? |  | |
| What capital resources are needed? |  | |

**Table L.3**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** |
| What organization(s) could implement this strategy? |  | |
| What human resources are needed? |  | |
| What material resources are needed? |  | |
| What capital resources are needed? |  | |

**Table L.4**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** |
| What organization(s) could implement this strategy? |  | |
| What human resources are needed? |  | |
| What material resources are needed? |  | |
| What capital resources are needed? |  | |

**Table L.5**

|  |  |  |
| --- | --- | --- |
| **Exhibit A or B:** | **Number and/or Letter:** | **Priority Strategy Name:** |
| What organization(s) could implement this strategy? |  | |
| What human resources are needed? |  | |
| What material resources are needed? |  | |
| What capital resources are needed? |  | |

**SECTION THREE: OPERATIONAL PLANNING**

**M. Develop budgets and timelines**

**Table M.1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exhibit A or B:** | | **Number and/or Letter:** | | | | | **Priority Strategy Name:** | | | | | | | |
| **STRATEGY TIMELINE** | | | | | | | | | | | | | | |
|  | 2024 | | | | | 2025 | | | | | 2026 | | | |
| Implementation Activity | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | Oct-Dec | Jan-March | April-June |
| 1. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 2. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 3. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 4. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 5. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 6. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 7. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| **STRATEGY BUDGET** | | | | | | | | | | | | | | |
| Line Item | Amount | | Description | | | | | | | | | | | |
| Personnel/Fringe |  | |  | | | | | | | | | | | |
| Operating Costs |  | |  | | | | | | | | | | | |
| Contracted Services |  | |  | | | | | | | | | | | |
| Other |  | |  | | | | | | | | | | | |
| **TOTAL** |  | |  | | | | | | | | | | | |

**Table M.2**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exhibit A or B:** | | **Number and/or Letter:** | | | | | **Priority Strategy Name:** | | | | | | | |
| **STRATEGY TIMELINE** | | | | | | | | | | | | | | |
|  | 2024 | | | | | 2025 | | | | | 2026 | | | |
| Implementation Activity | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | Oct-Dec | Jan-March | April-June |
| 1. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 2. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 3. |  | |  |  |  |  | |  |  |  |  |  |  |  |
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| 6. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 7. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| **STRATEGY BUDGET** | | | | | | | | | | | | | | |
| Line Item | Amount | | Description | | | | | | | | | | | |
| Personnel/Fringe |  | |  | | | | | | | | | | | |
| Operating Costs |  | |  | | | | | | | | | | | |
| Contracted Services |  | |  | | | | | | | | | | | |
| Other |  | |  | | | | | | | | | | | |
| **TOTAL** |  | |  | | | | | | | | | | | |

**Table M.3**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exhibit A or B:** | | **Number and/or Letter:** | | | | | **Priority Strategy Name:** | | | | | | | |
| **STRATEGY TIMELINE** | | | | | | | | | | | | | | |
|  | Fiscal Year 2025 | | | | | Fiscal Year 2026 | | | | | Fiscal Year 2027 | | | |
| Implementation Activity | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | Oct-Dec | Jan-March | April-June |
| 1. |  | |  |  |  |  | |  |  |  |  |  |  |  |
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| 3. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 4. |  | |  |  |  |  | |  |  |  |  |  |  |  |
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| 7. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| **STRATEGY BUDGET** | | | | | | | | | | | | | | |
| Line Item | Amount | | Description | | | | | | | | | | | |
| Personnel/Fringe |  | |  | | | | | | | | | | | |
| Operating Costs |  | |  | | | | | | | | | | | |
| Contracted Services |  | |  | | | | | | | | | | | |
| Other |  | |  | | | | | | | | | | | |
| **TOTAL** |  | |  | | | | | | | | | | | |

**Table M.4**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exhibit A or B:** | | **Number and/or Letter:** | | | | | **Priority Strategy Name:** | | | | | | | |
| **STRATEGY TIMELINE** | | | | | | | | | | | | | | |
|  | Fiscal Year 2025 | | | | | Fiscal Year 2026 | | | | | Fiscal Year 2027 | | | |
| Implementation Activity | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | Oct-Dec | Jan-March | April-June |
| 1. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 2. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 3. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 4. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 5. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 6. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 7. |  | |  |  |  |  | |  |  |  |  |  |  |  |
| **STRATEGY BUDGET** | | | | | | | | | | | | | | |
| Line Item | Amount | | Description | | | | | | | | | | | |
| Personnel/Fringe |  | |  | | | | | | | | | | | |
| Operating Costs |  | |  | | | | | | | | | | | |
| Contracted Services |  | |  | | | | | | | | | | | |
| Other |  | |  | | | | | | | | | | | |
| **TOTAL** |  | |  | | | | | | | | | | | |

**Table M.5**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exhibit A or B:** | | **Number and/or Letter:** | | | | **Priority Strategy Name:** | | | | | | | |
| **STRATEGY TIMELINE** | | | | | | | | | | | | | |
|  | Fiscal Year 2025 | | | | | Fiscal Year 2026 | | | | Fiscal Year 2027 | | | |
| Implementation Activity | July-Sept | | Oct-Dec | Jan-March | April-June | July-Sept | Oct-Dec | Jan-March | April-June | July-Sept | Oct-Dec | Jan-March | April-June |
| 1. |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  | |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  | |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  | |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  | |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  | |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  | |  |  |  |  |  |  |  |  |  |  |  |
| **STRATEGY BUDGET** | | | | | | | | | | | | | |
| Line Item | Amount | | Description | | | | | | | | | | |
| Personnel/Fringe |  | |  | | | | | | | | | | |
| Operating Costs |  | |  | | | | | | | | | | |
| Contracted Services |  | |  | | | | | | | | | | |
| Other |  | |  | | | | | | | | | | |
| **TOTAL** |  | |  | | | | | | | | | | |

**N. Offer recommendations**

List of Recommended Strategies

1.

Date that report was presented and recommendations were offered to local governing body: \_\_\_\_\_\_\_\_\_\_\_\_