RESOLUTION NO. 21-27

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Donald C. Spencer, Clerk
Santa Rosa County, Florida
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#1

RESOLUTION OF THE **BOARD** OF COUNTY COMMISSIONERS OF SANTA ROSA COUNTY AUTHORIZING THE COUNTY (HEREIN REFERRED TO AS THIS "GOVERNMENTAL UNIT") TO JOIN WITH THE STATE OF **FLORIDA** AND OTHER LOCAL GOVERNMENTAL UNITS AS A PARTICIPANT IN THE FLORIDA MEMORANDUM OF UNDERSTANDING AND FORMAL AGREEMENTS IMPLEMENTING A UNIFIED PLAN; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Santa Rosa County (the "County") has suffered harm from the opioid epidemic; and

WHEREAS, the County recognizes that the entire State of Florida has suffered harm as a result from the opioid epidemic; and

WHEREAS, the State of Florida has filed an action pending in Pasco County, Florida, and a number of Florida Cities and Counties have also filed an action In re: National Prescription Opiate Litigation, MDL No. 2804 (N.D. Ohio) (the "Opioid Litigation") and County is not a litigating participant in that action; and

WHEREAS, the State of Florida and lawyers representing certain various local governments involved in the Opioid Litigation have proposed a unified plan for the allocation and use of prospective settlement dollars from opioid related litigation; and

WHEREAS, the Florida Memorandum of Understanding (the "Florida Plan") sets forth sets forth a framework of a unified plan for the proposed allocation and use of opioid settlement proceeds and it is anticipated that formal agreements implementing the Florida Plan will be entered into at a future date; and

WHEREAS, participation in the Florida Plan by a large majority of Florida cities and counties will materially increase the amount of funds to Florida and should improve Florida's relative bargaining position during additional settlement negotiations; and

WHEREAS, failure to participate in the Florida Plan will reduce funds available to the State, County, and every other Florida city and county.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SANTA ROSA COUNTY, FLORIDA as follows:

SECTION 1. That this County finds that participation in the Florida Plan would be in the best interest of the County and its citizens in that such a plan ensures that almost all of the settlement funds go to abate and resolve the opioid epidemic and each and every city and county receives funds for the harm that it has suffered.

SECTION 2. That the County hereby expresses its support of a unified plan for the allocation and use of opioid settlement proceeds as generally described in the Florida Plan, attached hereto as Exhibit "A."

SECTION 3. That the Chairman is hereby expressly authorized to execute the Florida Plan in substantially the form contained in Exhibit "A."

SECTION 4. That the Chairman is hereby authorized to execute the any formal agreements implementing a unified plan for the allocation and use of opioid settlement proceeds that is not substantially inconsistent with the Florida Plan and this Resolution.

SECTION 5. That the Clerk be and hereby is instructed to record this Resolution in the appropriate record book upon its adoption.

SECTION 6. The Clerk of the County is hereby directed to furnish a certified copy of this Ordinance/Resolution to the Florida Association of Counties and

Attorney General Ashley Moody c\o John M. Guard
The Capitol,
PL-01
Tallahassee, FL 32399-1050

SECTION 7. This Resolution shall take effect immediately upon its adoption.

Duly adopted by a vote of 4 ayes and 0 nays this 22 day of June, 2021.

SANTA ROSA COUNTY BOARD OF COUNTY COMMISSIONERS

By:_

Robert A. "Bob" Cole, Vice Chairman

ATTEST:

Donald C. Spencer, Clerk of the Court

PROPOSAL MEMORANDUM OF UNDERSTANDING

Whereas, the people of the State of Florida and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Pharmaceutical Supply Chain;

Whereas, the State of Florida, through its Attorney General, and certain Local Governments, through their elected representatives and counsel, are separately engaged in litigation seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance;

Whereas, the State of Florida and its Local Governments share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State of Florida;

Whereas, it is the intent of the State of Florida and its Local Governments to use the proceeds from Settlements with Pharmaceutical Supply Chain Participants to increase the amount of funding presently spent on opioid and substance abuse education, treatment and other related programs and services, such as those identified in Exhibits A and B, and to ensure that the funds are expended in compliance with evolving evidence-based "best practices";

Whereas, the State of Florida and its Local Governments, subject to the completion of formal documents that will effectuate the Parties' agreements, enter into this Memorandum of Understanding ("MOU") relating to the allocation and use of the proceeds of Settlements described herein; and

Whereas, this MOU is a preliminary non-binding agreement between the Parties, is not legally enforceable, and only provides a basis to draft formal documents which will effectuate the Parties' agreements.

A. Definitions

As used in this MOU:

- 1. "Approved Purpose(s)" shall mean forward-looking strategies, programming and services used to expand the availability of treatment for individuals impacted by substance use disorders, to: (a) develop, promote, and provide evidence-based substance use prevention strategies; (b) provide substance use avoidance and awareness education; (c) decrease the oversupply of licit and illicit opioids; and (d) support recovery from addiction. Approved Purposes shall include, but are not limited to, the opioid abatement strategies listed on Exhibits A and B which are incorporated herein by reference.
- 2. "Local Governments" shall mean all counties, cities, towns and villages located within the geographic boundaries of the State.
- 3. "Managing Entities" shall mean the corporations selected by and under contract with the Florida Department of Children and Families or its successor ("DCF") to manage the

daily operational delivery of behavioral health services through a coordinated system of care. The singular "Managing Entity" shall refer to a singular of the Managing Entities.

- 4. "County" shall mean a political subdivision of the state established pursuant to s. 1, Art. VIII of the State Constitution.
- 5. "Municipalities" shall mean cities, towns, or villages of a County within the State with a Population greater than 10,000 individuals and shall also include cities, towns or villages within the State with a Population equal to or less than 10,000 individuals which filed a Complaint in this litigation against Pharmaceutical Supply Chain Participants. The singular "Municipality" shall refer to a singular of the Municipalities.
- 6. "Negotiating Committee" shall mean a three-member group comprised by representatives of the following: (1) the State; and (2) two representatives of Local Governments of which one representative will be from a Municipality and one shall be from a County (collectively, "Members") within the State. The State shall be represented by the Attorney General or her designee.
- 7. "Negotiation Class Metrics" shall mean those county and city settlement allocations which come from the official website of the Negotiation Class of counties and cities certified on September 11, 2019 by the U.S. District for the Northern District of Ohio in *In re National Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio). The website is located at https://allocationmap.iclaimsonline.com.
- 8. "Opioid Funds" shall mean monetary amounts obtained through a Settlement as defined in this MOU.
- 9. "Opioid Related" shall have the same meaning and breadth as in the agreed Opioid Abatement Strategies attached hereto as Exhibits A or B.
- 10. "Parties" shall mean the State and Local Governments. The singular word "Party" shall mean either the State or Local Governments.
- 11. "PEC" shall mean the Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation pending in the United States District Court for the Northern District of Ohio.
- 12. "Pharmaceutical Supply Chain" shall mean the process and channels through which Controlled Substances are manufactured, marketed, promoted, distributed or dispensed.
- 13. "Pharmaceutical Supply Chain Participant" shall mean any entity that engages in, or has engaged in the manufacture, marketing, promotion, distribution or dispensing of an opioid analgesic.
- 14. "Population" shall refer to published U.S. Census Bureau population estimates as of July 1, 2019, released March 2020, and shall remain unchanged during the term of this MOU. These estimates can currently be found at https://www.census.gov

- 15. "Qualified County" shall mean a charter or non-chartered county within the State that: has a Population of at least 300,000 individuals and (a) has an opioid taskforce of which it is a member or operates in connection with its municipalities or others on a local or regional basis; (b) has an abatement plan that has been either adopted or is being utilized to respond to the opioid epidemic; (c) is currently either providing or is contracting with others to provide substance abuse prevention, recovery, and treatment services to its citizens; and (d) has or enters into an agreement with a majority of Municipalities (Majority is more than 50% of the Municipalities' total population) related to the expenditure of Opioid Funds. The Opioid Funds to be paid to a Qualified County will only include Opioid Funds for Municipalities whose claims are released by the Municipality or Opioid Funds for Municipalities whose claims are otherwise barred.
- 16. "SAMHSA" shall mean the U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration.
- 17. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State and Local Governments or a settlement class as described in (B)(1) below.
 - 18. "State" shall mean the State of Florida.

B. Terms

- 1. Only Abatement Other than funds used for the Administrative Costs and Expense Fund as hereinafter described in paragraph 6 and paragraph 9, respectively), all Opioid Funds shall be utilized for Approved Purposes. To accomplish this purpose, the State will either file a new action with Local Governments as Parties or add Local Governments to its existing action, sever settling defendants, and seek entry of a consent order or other order binding both the State, Local Governments, and Pharmaceutical Supply Chain Participant(s) ("Order"). The Order may be part of a class action settlement or similar device. The Order shall provide for continuing jurisdiction of a state court to address non-performance by any party under the Order. Any Local Government that objects to or refuses to be included under the Order or entry of documents necessary to effectuate a Settlement shall not be entitled to any Opioid Funds and its portion of Opioid Funds shall be distributed to, and for the benefit of, the other Local Governments.
 - 2. Avoid Claw Back and Recoupment Both the State and Local Governments wish to maximize any Settlement and Opioid Funds. In addition to committing to only using funds for the Expense Funds, Administrative Costs and Approved Purposes, both Parties will agree to utilize a percentage of funds for the core strategies highlighted in Exhibit A. Exhibit A contains the programs and strategies prioritized by the U.S. Department of Justice and/or the U.S. Department of Health & Human Services ("Core Strategies"). The State is trying to obtain the United States' agreement to limit or reduce the United States' ability to recover or recoup monies from the State and Local Government in exchange for prioritization of funds to certain projects. If no agreement is reached with the United States, then there will be no requirement that a percentage be utilized for Core Strategies.

- 3. **Distribution Scheme** All Opioid Funds will initially go to the State, and then be distributed according to the following distribution scheme. The Opioid Funds will be divided into three funds after deducting costs of the Expense Fund detailed in paragraph 9 below:
 - (a) City/County Fund- The city/county fund will receive 15% of all Opioid Funds to directly benefit all Counties and Municipalities. The amounts to be distributed to each County and Municipality shall be determined by the Negotiation Class Metrics or other metrics agreed upon, in writing, by a County and a Municipality. For Local Governments that are not within the definition of County or Municipality, those Local Governments may receive that government's share of the City/County Fund under the Negotiation Class Metrics, if that government executes a release as part of a Settlement. Any Local Government that is not within the definition of County or Municipality and that does not execute a release as part of a Settlement shall have its share of the City/County Fund go to the County in which it is located.
 - (b) Regional Fund- The regional fund will be subdivided into two parts.
 - (i) The State will annually calculate the share of each County within the State of the regional fund utilizing the sliding scale in section 4 of the allocation contained in the Negotiation Class Metrics or other metrics that the Parties agree upon.
 - (ii) For Qualified Counties, the Qualified County's share will be paid to the Qualified County and expended on Approved Purposes, including the Core Strategies identified in Exhibit A, if applicable.
 - (iii) For all other Counties, the regional share for each County will be paid to the Managing Entities providing service for that County. The Managing Entities will be required to expend the monies on Approved Purposes, including the Core Strategies. The Managing Entities shall endeavor to the greatest extent possible to expend these monies on counties within the State that are non-Qualified Counties and to ensure that there are services in every County.
 - (c) State Fund The remainder of Opioid Funds after deducting the costs of the Expense Fund detailed in paragraph 9, the City/County Fund and the Regional Fund will be expended by the State on Approved Purposes, including the provisions related to Core Strategies, if applicable.
 - (d) To the extent that Opioid Funds are not appropriated and expended in a year by the State, the State shall identify the investments where settlement funds will be deposited. Any gains, profits, or interest accrued from the deposit of the Opioid Funds to the extent that any funds are not appropriated and expended within a calendar year, shall be the sole property of the Party that was entitled to the initial deposit.

4. Regional Fund Sliding Scale- The Regional Fund shall be calculated by utilizing the following sliding scale of the Opioid Funds available in any year:

A. Years 1-6:

40%

B. Years 7-9:

35%

C. Years 10-12:

34%

D. Years 13-15:

33%

E. Years 16-18:

30%

- 5. Opioid Abatement Taskforce or Council The State will create an Opioid Abatement Taskforce or Council (sometimes hereinafter "Taskforce" or "Council") to advise the Governor, the Legislature, Florida's Department of Children and Families ("DCF"), and Local Governments on the priorities that should be addressed as part of the opioid epidemic and to review how monies have been spent and the results that have been achieved with Opioid Funds.
 - (a) <u>Size</u> The Taskforce or Council shall have ten Members equally balanced between the State and the Local Governments.
 - (b) Appointments Local Governments Two Municipality representatives will be appointed by or through Florida League of Cities. Two county representatives, one from a Qualified County and one from a county within the State that is not a Qualified County, will be appointed by or through the Florida Association of Counties. The final representative will alternate every two years between being a county representative (appointed by or through Florida Association of Counties) or a Municipality representative (appointed by or through the Florida League of Cities). One Municipality representative must be from a city of less than 50,000 people. One county representative must be from a county less than 200,000 people and the other county representative must be from a county whose population exceeds 200,000 people.

(c) Appointments State -

- (i) The Governor shall appoint two Members.
- (ii) The Speaker of the House shall appoint one Member.
- (iii) The Senate President shall appoint one Member.
- (iv) The Attorney General or her designee shall be a Member.
- (d) <u>Chair</u> The Attorney General or designee shall be the chair of the Taskforce or Council.
- (e) <u>Term</u> Members will be appointed to serve a two-year term.

- (f) <u>Support</u> DCF shall support the Taskforce or Council and the Taskforce or Council shall be administratively housed in DCF.
- (g) <u>Meetings</u> The Taskforce or Council shall meet quarterly in person or virtually using communications media technology as defined in section 120.54(5)(b)(2), Florida Statutes.
- (h) Reporting The Taskforce or Council shall provide and publish a report annually no later than November 30th or the first business day after November 30th, if November 30th falls on a weekend or is otherwise not a business day. The report shall contain information on how monies were spent the previous fiscal year by the State, each of the Qualified Counties, each of the Managing Entities, and each of the Local Governments. It shall also contain recommendations to the Governor, the Legislature, and Local Governments for priorities among the Approved Purposes for how monies should be spent the coming fiscal year to respond to the opioid epidemic.
- (i) Accountability Prior to July 1st of each year, the State and each of the Local Governments shall provide information to DCF about how they intend to expend Opioid Funds in the upcoming fiscal year. The State and each of the Local Government shall report its expenditures to DCF no later than August 31st for the previous fiscal year. The Taskforce or Council will set other data sets that need to be reported to DCF to demonstrate the effectiveness of Approved Purposes. All programs and expenditures shall be audited annually in a similar fashion to SAMHSA programs. Local Governments shall respond and provide documents to any reasonable requests from the State for data or information about programs receiving Opioid Funds.
- (j) <u>Conflict of Interest</u> All Members shall adhere to the rules, regulations and laws of Florida including, but not limited to, Florida Statute §112.311, concerning the disclosure of conflicts of interest and recusal from discussions or votes on conflicted matters.
- 6. Administrative Costs- The State may take no more than a 5% administrative fee from the State Fund ("Administrative Costs") and any Regional Fund that it administers for counties that are not Qualified Counties. Each Qualified County may take no more than a 5% administrative fee from its share of the Regional Funds.
- 7. **Negotiation of Non-Multistate Settlements** If the State begins negotiations with a Pharmaceutical Supply Chain Participant that is separate and apart from a multi-state negotiation, the State shall include Local Governments that are a part of the Negotiating Committee in such negotiations. No Settlement shall be recommended or accepted without the affirmative votes of both the State and Local Government representatives of the Negotiating Committee.
- 8. Negotiation of Multistate or Local Government Settlements To the extent practicable and allowed by other parties to a negotiation, both Parties agree to communicate with

members of the Negotiation Committee regarding the terms of any other Pharmaceutical Supply Chain Participant Settlement.

- 9. Expense Fund The Parties agree that in any negotiation every effort shall be made to cause Pharmaceutical Supply Chain Participants to pay costs of litigation, including attorneys' fees, in addition to any agreed to Opioid Funds in the Settlement. To the extent that a fund sufficient to pay the entirety of all contingency fee contracts for Local Governments in the State of Florida is not created as part of a Settlement by a Pharmaceutical Supply Chain Participant, the Parties agree that an additional expense fund for attorneys who represent Local Governments (herein "Expense Fund") shall be created out of the City/County fund for the purpose of paying the hard costs of a litigating Local Government and then paying attorneys' fees.
 - (a) The Source of Funds for the Expense Fund- Money for the Expense Fund shall be sourced exclusively from the City/County Fund.
 - (b) The Amount of the Expense Fund- The State recognizes the value litigating Local Governments bring to the State of Florida in connection with the Settlement because their participation increases the amount Incentive Payments due from each Pharmaceutical Supply Chain Participant. In recognition of that value, the amount of funds that shall be deposited into the Expense fund shall be contingent upon on the percentage of litigating Local Government participation in the Settlement, according to the following table:

Litigating Local Government	Amount that shall be paid
Participation in the	into the Expense Fund
Settlement (by percentage of	from (and as a percentage
the population)	of) the City/County fund
96 to 100%	10%
91 to 95%	7.5%
86 to 90%	5%
85%	2.5%
Less than 85%	0%

If fewer than 85% percent of the litigating Local Governments (by population) participate, then the Expense Fund shall not be funded, and this Section of the MOU shall be null and void.

(c) The Timing of Payments into the Expense Fund- Although the amount of the Expense Fund shall be calculated based on the entirety of payments due to the City/County fund over a ten to eighteen year period, the Expense Fund shall be funded entirely from payments made by Pharmaceutical Supply Chain Participants during the first two years of the Settlement. Accordingly, to offset the amounts being paid from the City/County to the Expense Fund in the first two years, Counties or Municipalities may borrow from the Regional Fund during the

first two years and pay the borrowed amounts back to the Regional Fund during years three, four, and five.

For the avoidance of doubt, the following provides an illustrative example regarding the calculation of payments and amounts that may be borrowed under the terms of this MOU, consistent with the provisions of this Section:

Opioid Funds due to State of Florida and Local Governments (over 10 to 18 years):	\$1,000
Litigating Local Government Participation:	100%
City/County Fund (over 10 to 18 years):	\$150
Expense Fund (paid over 2 years):	\$15
Amount Paid to Expense Fund in 1st year:	\$7.5
Amount Paid to Expense Fund in 2nd year	\$7.5
Amount that may be borrowed from Regional Fund in 1st year:	\$7.5
Amount that may be borrowed from Regional Fund in 2nd year:	\$7.5
Amount that must be paid back to Regional Fund in 3rd year:	\$5
Amount that must be paid back to Regional Fund in 4th year:	\$5
Amount that must be paid back to Regional Fund in 5th year:	\$5

- (d) Creation of and Jurisdiction over the Expense Fund- The Expense Fund shall be established, consistent with the provisions of this Section of the MOU, by order of the Circuit Court of the Sixth Judicial Circuit in and for Pasco County, West Pasco Division New Port Richey, Florida, in the matter of The State of Florida, Office of the Attorney General, Department of Legal Affairs v. Purdue Pharma L.P., et al., Case No. 2018-CA-001438 (the "Court"). The Court shall have jurisdiction over the Expense Fund, including authority to allocate and disburse amounts from the Expense Fund and to resolve any disputes concerning the Expense Fund.
- (e) Allocation of Payments to Counsel from the Expense Fund- As part of the order establishing the Expense Fund, counsel for the litigating Local Governments shall seek to have the Court appoint a third-neutral to serve as a special master for purposes of allocating the Expense Fund. Within 30 days of entry of the order appointing a special master for the Expense Fund, any counsel who intend to seek an award from the Expense Fund shall provide the copies of their contingency fee contracts to the special master. The special master shall then build a mathematical model, which shall be based on each litigating Local Government's share under the Negotiation Class Metrics and the rate set forth in their contingency contracts, to calculate a proposed award for each litigating Local Government who timely provided a copy of its contingency contract.
- 10. **Dispute resolution-** Any one or more of the Local Governments or the State may object to an allocation or expenditure of Opioid Funds solely on the basis that the allocation or expenditure at issue (a) is inconsistent with the Approved Purposes; (b) is inconsistent with the distribution scheme as provided in paragraph 3, or (c) violates the limitations set forth herein

with respect to administrative costs or the Expense Fund. There shall be no other basis for bringing an objection to the approval of an allocation or expenditure of Opioid Funds.

Schedule A

Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("Core Strategies")[, such that a minimum of __% of the [aggregate] state-level abatement distributions shall be spent on [one or more of] them annually].¹

- A. Naloxone or other FDA-approved drug to reverse opioid overdoses
- 1. Expand training for first responders, schools, community support groups and families; and
- 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.
- B. Medication-Assisted Treatment ("MAT") Distribution and other opioid-related treatment
- 1. Increase distribution of MAT to non-Medicaid eligible or uninsured individuals;
- 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
- 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
- 4. Treatment and Recovery Support Services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.
- C. Pregnant & Postpartum Women
- 1. Expand Screening, Brief Intervention, and Referral to Treatment ("SBIRT") services to non-Medicaid eligible or uninsured pregnant women;
- 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("OUD") and other Substance Use Disorder ("SUD")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
- 3. Provide comprehensive wrap-around services to individuals with Opioid Use Disorder (OUD) including housing, transportation, job placement/training, and childcare.
- D. Expanding Treatment for Neonatal Abstinence Syndrome
- 1. Expand comprehensive evidence-based and recovery support for NAS babies;
- 2. Expand services for better continuum of care with infant-need dyad; and
- 3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Term Sheet.

- E. Expansion of Warm Hand-off Programs and Recovery Services
- 1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
- 2. Expand warm hand-off services to transition to recovery services;
- 3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions.;
- 4. Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare; and
- 5. Hire additional social workers or other behavioral health workers to facilitate expansions above.
- F. Treatment for Incarcerated Population
- 1. Provide evidence-based treatment and recovery support including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
- 2. Increase funding for jails to provide treatment to inmates with OUD.
- G. Prevention Programs
- 1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
- 2. Funding for evidence-based prevention programs in schools.;
- 3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
- 4. Funding for community drug disposal programs; and
- 5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.
- H. Expanding Syringe Service Programs
- 1. Provide comprehensive syringe services programs with more wrap-around services including linkage to OUD treatment, access to sterile syringes, and linkage to care and treatment of infectious diseases.
- I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the State.

Schedule B

Approved Uses

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

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

- 1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
- 2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions
- 3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
- 4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
- 5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
- 6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
- 7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
- 8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
- 9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
- 10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
- 11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training,

² As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Term Sheet.

scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

- 12. [Intentionally Blank to be cleaned up later for numbering]
- 13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
- 14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
- 15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

- 1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
- 2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
- 3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
- 4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
- 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- 6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
- 7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- 8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

- 9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
- 10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- 11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
- 12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
- 13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- 14. Create and/or support recovery high schools.
- 15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

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

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

- 1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
- 2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
- 3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
- 4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
- 5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
- 6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
- 7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically-appropriate follow-up care through a bridge clinic or similar approach.

- 8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
- 9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
- 10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
- 11. Expand warm hand-off services to transition to recovery services.
- 12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
- 13. Develop and support best practices on addressing OUD in the workplace.
- 14. Support assistance programs for health care providers with OUD.
- 15. Engage non-profits and the faith community as a system to support outreach for treatment.
- 16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

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

- 1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

- f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise
- 2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
- 3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions
- 4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
- 5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
- 6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
- 7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

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

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

- 1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women or women who could become pregnant who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
- 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
- 3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
- 4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.

- 5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
- 6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
- 7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
- 8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
- 9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
- 10. Support for Children's Services Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

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

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

- 1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
- 2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
- 3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
- 4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
- 5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

- c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
- 6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
- 7. Increase electronic prescribing to prevent diversion or forgery.
- 8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

- 1. Fund media campaigns to prevent opioid misuse.
- 2. Corrective advertising or affirmative public education campaigns based on evidence.
- 3. Public education relating to drug disposal.
- 4. Drug take-back disposal or destruction programs.
- 5. Fund community anti-drug coalitions that engage in drug prevention efforts.
- 6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
- 7. Engage non-profits and faith-based communities as systems to support prevention.
- 8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
- 9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
- 10. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
- 11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
- 12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address

mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

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

- 1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
- 2. Public health entities provide free naloxone to anyone in the community
- 3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
- 4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
- 5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
- 6. Public education relating to emergency responses to overdoses.
- 7. Public education relating to immunity and Good Samaritan laws.
- 8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
- 9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
- 10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
- 11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
- 12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
- 13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

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

- 1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
- 2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

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

- 1. Statewide, regional, local, or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- 2. A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes.
- 3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- 4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

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

- 1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
- 2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

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

- 1. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.
- 2. Research non-opioid treatment of chronic pain.
- 3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
- 4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
- 5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
- 6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
- 7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
- 8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
- 9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

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Regional Fund

35,224.58 527.54 2,727.87

City/County Fund Scenario 3

Regional Fund Scenario 2

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City/County Fund Scenario 2

Regional Fund Scenario 1

City/County Fund Scenario 1

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337.73 17.16 58.29 2,322.43 336.09 14.98 695.89 3,422.23 770.51 23.15 283.26 627.25 42.22 150,879,13 49,595.52 41,963.39 1,425.27 12,728.58 6,938.15 265.28 73.81 818.99 180.30 2,980.19 9,191,14 5,833.73 13,531.77 790,585.51 14,823.31 City/County Fund Scenario 2 Ø 22,709.63 2,472,913.70 610,443.67 177,388.44 29,271.87 47,203.78 56,263.51 Regional Fund Scenario 7,583.84 4,448.90 95.95 436.92 19.47 75.77 1,001.67 30.10 3,019.16 22.31 368.23 234.39 54.88 19,587.20 64,474.18 1,852.85 344.87 17,591.30 815.43 1,064.69 11,948.48 1,027,761.16 16,547.15 9,019,60 3,874,24 19,270.31 904.65 196,142.87 54,552,41 City/County Fund Scenario 1 0.061274233881% \$ 0.000099866143% \$ 0.000388570084% \$ 0.002251527589% 0.005459954403% 0.000281440949% 5.270570064997% 1.005860871574% 0.009501809575% 0.001888377978% 0.090211810642% 0.098822087921% 0.004639236282% 0.038891507601% 0.022814874318% 0.005136751249% 0.330636826421% 0.279755934409% 0.000154338585% 0.015482883669% 0.000114392127% 0.084857169626% 0.046254365966% 0.004181667772% 0.002240633101% 0.001202025213% 0.001768538606% 0.000492067723% 0.019867915223% Allocated % by entity 5.434975156935% 0.103744580900% 1.341634449244% 0.389864712244% 0.049911282550% 0.123656074077% 0.064333769355% PROTECTED - CONFIDENTIAL - ATTORNEY CLIENT PRIVILEGED PROTECTED - CONFIDENTIAL - ATTORNEY CLIENT PRIVILEGED Overall Total % 15% 35% 130,000,000.00 15,000,000.00 19,500,000.00 45,500,000.00 100,000,000,001 35,000,000.00 70,000,000,00 10,500,000.00 24,500,000.00 Allocated Subdivisions lacksonville Beach Horseshoe Beach Escambía County Gadsden County Gilchrist County Fanning Springs Franklin County Chattahoochee Neptune Beach Atlantic Beach -lagler County Beverly Beach Flagler Beach Apalachicola Dixie County Greensboro acksonville Marineland Palm Coast Pensacola Carabelle Cross City Baldwin Century Gretna Havana Midway Quincy Bell City/County Fund Scenario City/County Fund Scenario City/County Fund Scenario Regional Fund Scenario 2 Regional Fund Scenario 3 Regional Fund Scenario 1 1 City/County Fund Regional Fund Scenario 1 Scenario 2 Scenario 3 158 Gilchrist 159 135 Escambia 150 Gadsden 146 Franklin County Flagler 129 Duval 130 Dixie 11 2 140 142 143 144 148 149 151 152 153 154 155 156 126 131 134 00 워크 137 4 10

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Regional Fund

City/County Fund Scenario 3

36,310.60 Regional Fund Scenario 2

Scenario 3

1,331,568.91

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Illustrative City county region	
PROTECTED - CONFIDENTIAL - ATTORNEY CLIENT PRIVILEGED	

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1	City/County Fund	15%								
	Regional Fund	32%								
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$\overline{}$	Regional Fund Scenario 1	\$ 45,500,000.00								
9	Scenario 2									
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7 2										
88	Regional Fund Scenario 2	\$ 35,000,000.00								
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1 10	10 3	5 10,500,000.00								
1 5					Scenario 1	Scenario 1	Scenario 2	Scenario 2	Scenario 3	Scenario 3
1 12	13 County	Allocated Subdivisions	Overall Total %	Allocated % by entity	City/Count	Regional Fund	City/County	æ	City/Count	Regional Fund
162		Trenton		0.002571099247%	\$ 501.36		\$ 385.66		\$ 269.97	
163	163 Glades		0.040612836758%			\$ 18,478.84		\$ 14,214.49		\$ 9,950.15
164		Glades County		0.040420367464%	\$ 7,881.97		\$ 6,063.06	DESCRIPTION OF THE PERSON OF T	\$ 4,244.14	W. C. W.
165		Moore Haven		0.000192469294%	\$ 37.53	6288 N. Tolday Car	\$ 28.87		\$ 20.21	
166 Gulf	3.16		0.059914238588%		7	\$ 27,260.98		\$ 20,969.98		\$ 14,678.99
167		Gulf County		0.054715751905%	\$ 10,669.57		\$ 8,207.36	THE PARTY OF THE P	\$ 5,745.15	
148		Port St. los		0.004817179591%			\$ 722.58		\$ 505.80	
3 6		Wewahitchka		0.000381307092%	\$ 74.35	The second	\$ 57.20	東京 大田 できる	\$ 40.04	TO STATE OF THE PARTY OF THE PA
	7		0.00700110001000			\$ 21 813.74		\$ 16779.47		\$ 11 745 59
3 1	1/U Hamilton	I formalish a Constant	O'COTOCTT LOCATION	A 0300470C10211	7 550 33		5 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	>	\$ 4.075.79	
1		namilton County		TCCTOO/TOSCO	4			The second secon		
172		Jasper		0.004869836285%						
173		Jennings		0.002623755940%		Service and the service of the servi	\$ 393.56	Martin Martin	\$ 275.49	
174		White Springs		0.001630541754%	\$ 317.96		\$ 244.58	00 100	\$ 171.21	
175	175 Hardee		0.067110048132%			\$ 30,535.07		\$ 23,488.52		\$ 16,441.96
176		Hardee County		0.058100306280%	11		80,		9	
177		Bowling Green		0.001797590575%		The second second	\$ 269.64	STATE OF THE STATE OF	\$ 188.75	
178		Wauchula		0.006667426860%	\$ 1,300.15	COMPANY OF THE PROPERTY OF THE PARTY OF THE	î			
179		Zolfo Springs		0.000544724417%	\$ 106.22		\$ 81.71	作品をおいて	\$ 57.20	STATE OF THE PERSON OF THE PER
180	180 Hendry		0.144460915297%		47	\$ 65,729.72		\$ 50,561.32		\$ 35,392.92
181		Hendry County		0.122147187443%	\$ 23,818.70		1		1	AND ASSESSED.
182		Clewiston		0.017589151414%	\$ 3,429.88		\$ 2,638.37		\$ 1,846.86	
183		LaBelle		0.004724576440%	\$ 921.29		\$ 708.69			
184	184 Hernando		1.510075949110%			\$ 687,084.56		\$ 528,526.58		\$ 369,968.61
183		Hernando County		1.447521612849%	2		21		\$ 151,989.77	
186		Brooksville		0.061319627583%	\$ 11,957.33		\$ 9,197.94		\$ 6,438.56	
187		Weeki Wachee		0.001234708678%	\$ 240.77		\$ 185.21	MARKET AND SERVICE	\$ 129.64	
188	188 Highlands		0.357188510237%			\$ 162,520.77		\$ 125,015.98		\$ 87,511.19
188		Highlands County		0.287621754986%	\$ 56,086.24		\$ 43,143.26			
190		Avon Park		0.025829016090%	\$ 5,036.66		\$ 3,874.35		\$ 2,712.05	The second second
191		Lake Placid		0.005565267790%						
192		Sebring		0.038172471371%	\$ 7,443.63		\$ 5,725.87		\$ 4,008.11	
<u>E</u>	193 Hillsborough		8.710984113657%			\$ 3,963,497.77		\$ 3,048,844.44		\$ 2,134,191.11
194		Hillsborough County		6.523111204400%	1,2		6		9	
195		Plant City		0.104218491142%	\$ 20,322.61		\$ 15,632.77		\$ 10,942.94	
196		Татра		1.975671881253%	\$ 385,256.02		\$ 296,350.78	MALE STATES	\$ 207,445.55	
197		Temple Terrace		0.107980721113%	\$ 21,056.24		\$ 16,197.11			
198	198 Holmes		0.081612427851%	100		\$ 37,133.65		\$ 28,564,35		\$ 19,995.04
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3 Scenario 1	\$ 130,000,000.00	0							
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5 Regional Fund Scenario 1	\$ 45,500,000.00	0							
6 Scenario 2	\$ 100,000,000,000								
and county a unit occurred	15 000 000 00								
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9 Scenario 3	\$ 70,000,000.00								
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b				Scanario 1	Scenario 1	Scenario 2	Scenario 2	Scenario 3	Scenario 3
	A Manager of Control o	Organii Total 9/	Allocation 9/ his cutifus	City/County Fund	Danianal Eurod	City/County Eurol	Degional Cland	City/County Fund	Beginsal Frind
13 County	Anocaleu subaivisions		Anorated & Dy entity	רונאלרטו	negional and	CILY/ CO	מכפוסוומו יחודה	City/ cour	Tregorian and
199	Holmes County		0.066805002459%	\$ 13,026.98					
200	Bonifay		0.006898026863%	\$ 1,345.12		\$ 1,034.70		\$ 724.29	R. T. STREET, S.
201	Esto		0.006269778036%	\$ 1,222.61		\$ 940.47		\$ 65833	
202	Noma		0.001278286631%	\$ 249.27	the Control of the Co		1 (S)	\$ 134.22	
	200 Tab. 100 Ca		0.000170760067						
203	rouce de Leon		0.0001/3/2000 O					10.01	
704	Westville		COUNTY STORY	corce					1
205 Indian River		0.753076058781%			\$ 342,649.61		\$ 263,576.62		\$ 184,503.63
206	Indian River County		0.623571460217%	\$ 121,596.43		\$ 93,535.72		\$ 65,475.00	
207	Felismere		0.004917045734%	\$ 958.82		\$ 737.56		\$ 516.29	
208	Indian River shores		0.025322422382%	\$ 4,937.87		\$ 3,798.36		\$ 2,658.85	
209	Orchid		0.000306861421%	\$ 59.84		\$ 46.03		\$ 32.22	
210	Sebastian		0.038315915467%	\$ 7,471.60	S. Sandan S. Sandan	\$ 5,747.39	THE STREET STATES	\$ 4,023.17	The second second
211	Vero Beach		0.060642353558%			\$ 9,096.35		\$ 6,367.45	
212 Jackson		0.158936058795%			\$ 72,315.91		\$ 55,627.62		\$ 38,939,33
	Jackson County		0.075213731704%	14.666.68		\$ 11.282.06		\$ 7.897.44	
214	Alford		0.000303030304%			\$ 45.48		31.84	
215	Rascom		0.000061735434%						S S S S
4 6	Campbellton		O DOTE A PEDDO			247 30		15	
017	Campbellon		0.00104603323478						
	Cottondale		0.00109308032978			103.30		17.77	
218	Graceville		0.002794436257%	٠		4		77	
219	Grandridge		0.000030867717%			\$ 4.63			
220	Greenwood		0.001292812616%	\$ 252.10		\$ 193.92			
221	Jacob City		0.000481173235%	\$ 93.83	The sale of the sa	\$ 72.18		\$ 50.52	
	Malone		0.000092603151%	\$ 18.06		\$ 13.89		\$ 9.72	
223	Marianna		0.073519638768%	\$ 14,336.33		\$ 11,027.95		\$ 7,719.56	
224	Sneads		0.002404050426%		The second	\$ 360,61			
225 Jefferson		0.040821647784%			\$ 18.573.85		\$ 14.287.58		\$ 10.001.30
300	Infforman Counts		0 0007E044C0004	7 330 04	1	¢ E 627 62		201624	l
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	Latayette County		0.0315558854577	à		4,		5,313,37	
230	Mayo		0.000355886619%	\$ 69.40		53.38	1	5 37.37	
231 Lake		1.139211224519%			5 518,341.11		\$ 398,723.93		\$ 279,106.75
232	Lake County		0.757453827343%	147		\$ 113,618.07		\$ 79,532.65	
	Astatula		0.002727253579%						
734	Clermont		0.0759091652097						
235	Firstic		0.041929254098%	8 176 70 1		5 6.289.39	The same of the sa	5 4 402 57	

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7	2	\$ 15,000,000.00			
∞	Regional Fund Scenario 2	\$ 35,000,000.00			
0		\$ 70,000,000.00			
	City/County Fund Scenario				
9	9	\$ 10,500,000.00			
=	Regional Fund Scenario 3	\$ 24,500,000.00			- 1
17					
13	County	Alfocated Subdivisions	Overall Total %	Allocated % by entity	
236	9	Fruitland Park		0.008381493024%	4
237	7	Groveland		0.026154034992%	የጉ
238	80	Howey-In-The-Hills		0.002981458307%	ľ
239	6	Lady Lake		0.025048244426%	יטו
240	0	Leesburg		0.091339390185%	ıv
241		Mascotte		1	١v
242	2	Minneola		reference to	- 4
2/12		Montrordo		-	니
1 2		an included		erbe	H
744	4	Mount Dora		-	<u> </u>
245	50	Tavares		es de	사
246	9	Umatiila		0.005623371728%	տ။
24	247 Lee		3.325371883359%		- 1
248	8	Lee County		2.115268407509%	S
249	6	Bonita Springs		0.017374893143%	ᆘ
250	0	Cape Coral		0.714429677167%	IV
152	1	Estero		0.012080171813%	W
252	2	Fort Myers		0.431100350585% \$	ľ
253	0	Fort Myers Beach		0.000522935440%	1
254	4	Sanibel		0.034595447702%	W
25	255 Leon		0.897199244939%		
256	9	Leon County		0.471201146391%	1/1
257		Tallahassee		0.425998098549%	1
1X	258 Levy		0.251192401748%		
259	6	Levy County		0.200131750679%	L CO
260	D	Bronson		0.005701448894%	1.0
261	ı	Cedar Key		0.005180329202%	1/2
262	2	Chiefland		0.015326729337%	W
263	8	Fanning Springs		0.000808007885%	1/1
264	4	Ingils		0.004976965420%	사
265	5	Otter Creek		0.000408543312%	S
266	9	Williston		0.017774357715% \$	S
-	2			A Introduction of the	14

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Regional Fund Scenario 3

City/County Fund Scenario 3

Regional Fund Scenario 2

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City/County Fund Scenario 1

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City/County Fund Scenario 2

Regional Fund Scenario 1

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PROTECTED - CONFIDENTIAL - ATTORNEY CLIENT PRIVILEGED

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1 City/County Fund	15%								
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8 Regional Fund Scenario 2									
9 Scenario 3	\$ 70,000,000,00								
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10 3									
11 Regional Fund Scenario 3	\$ 24,500,000.00								
				Scenario 1	Scenario 1	Scenario 2	Scenario 2	Scenario 3	Scenario 3
71		Oursell Total B	Allocated & hy antity	Che/County Bund	Regional Fund	City/County Fund	Regional Fund	City/County Fund	Regional Fund
13 County	SUDDIVISIONS		5	A 24 CO		15.61		11.63	
273	Greenville		urb:						
274	Lee.		-						
275	Madison		0.010264423758%	\$ 2,001.56		\$ 1,539,66		5 1,077.76	П
276 Manatee		2,721323346235%			\$ 1,238,202.12		\$ 952,463.17		\$ 666,724.22
77	Manaton County		2.201647174006%	\$ 429,321.20		\$ 330,247.08		23	
117	Manage County		ndener		- September	1.489.55	HISTORY IN THE	1,042.68	
278	Anna Maria		pion				The second secon		
279	Bradenton		_						
280	Bradenton Beach		U.D14U1Z1Z//44%			70,101,02			
281	Holmes Beach		0.028038781473%						
282	Longboat Key		0.034895046131%		The second			3,663.98	
283	Palmetto		0.052869136132%	\$ 10,309.48		\$ 7,930.37		\$ 5,551.26	
284 Marion		1.701176168960%			\$ 774,035.16		\$ 595,411.66		\$ 416,788.16
101101111111111111111111111111111111111	1		4 20277880782794	\$ 754 777 13		\$ 195,559.33		\$ 136,891.53	
582	Marion County		77700000000000000000000000000000000000					1.028.96	
286	Belieview		0.0097993922987						
287	Dunnellon		0.018400790795%	E.		4,1			
288	McIntosh		0.000145259844%						
289	Ocala		0.368994504094%	\$ 71,953.93		\$ 55,349.18		38,7	
290	Reddick		0.000107129135%	\$ 20.89	STATE OF THE PARTY.	\$ 16.07		\$ 11.25	
291 Martin		0.869487298116%			\$ 395,616.72		\$ 304,320.55		\$ 213,024.39
292	Martin County		0,750762795758%	\$ 146,398.75		\$ 112,614.42		\$ 78,830.09	
200	fination leading		0.000873839646%	\$ 4.070.40		\$ 3,131.08		\$ 2,191.75	
293	Julyitei Island		2405C5C707C900.0						
294	Ocean Breeze Park		0.00016001010000						
732	Sewall s Point		W-25-500-50-0	45 929 65		-		\$ 8.528.51	
296	Stuart						¢ 1 031 341 03		\$ 1 281 869 35
297 Miami-Dade		5,232119784173%			מייים ליים ליים ליים		ш	24 603 34	4.
298	Miami-Dade County		4.282797675552%	\$ 835,145.55		8		+	
299	Aventura		0.024619727885%						
300	Bai Harbour		0.010041086747%	\$ 1,958.01		F	THE REAL PROPERTY.	ľ	
301	Bay Harbor Islands		0.004272455175%	\$ 833.13					
302	Biscayne Park		0.001134842535%	\$ 221.29	CALL NOT A	\$ 170.23			
303	Coral Gables		0.071780152131%	\$ 13,997.13				7	
304	Cutler Bay		0.009414653668%	COMPANS.		\$ 1,412.20	THE PERSON NAMED IN	\$ 988,54	
305	Doral		0.013977628531%	\$ 2,725.64		\$ 2,096.64		\$ 1,467.65	
306	Fl Portal		0.000924215760%		SCIP III TO THE	\$ 138.63		\$ 97.04	
302	Florida City		0.003929278792%			\$ 589.39		\$ 412.57	
000	Goldon Roach		0.002847092951%	· co			W. T.	\$ 298.94	
200	Column Column		0.000015005785%	10	The Committee of the	14		\$ 10.291.67	

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City/County Fund	35% 35% 36% 36% 36% 36% 36% 36% 36% 36% 36% 36	Overall Total %	Allocated % by entity 0.005452691411% 0.024935668046% 0.002543863026% 0.002543863026%	Scenario 1 City/County Fund \$. 1,063.27 \$ 4,862.46 \$ 7,668.28 \$ 5,668.28 \$ 5,668.28	Scenario 1 Regional Fund	Scena Scena	Scenario 2 Regional Fund	_	
City/County Fund Regional Fund Scenario 1 City/County Fund Scenario 1 Regional Fund Scenario 1 Scenario 2 City/County Fund Scenario 2 Scenario 3 Scenario 3 Regional Fund Scenario 2 Scenario 3 Regional Fund Scenario 2 City/County Fund Scenario 2 County		Overall Total %	2888	Scenario	Scenario 1 Regional Fund	Scenaria Scenaria			
Regional Fund Scenario 1 City/County Fund Scenario 1 Regional Fund Scenario 1 Scenario 2 City/County Fund Scenario 2 Regional Fund Scenario 2 Scenario 3 Scenario 3 City/County Fund Scenario 3 Regional Fund Scenario 3		Overall Total %	2 2 2 2	Scenario City/County 4	Scenario 1 Regional Fund	Scenaria City/County			
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City/County Fund Scenario Regional Fund Scenario 1 Scenario 2 City/County Fund Scenario 2 Scenario 3 Scenario 3 City/County Fund Scenario 3 Regional Fund Scenario 3 County			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Scenario City/County 1	Scenario 1 Regional Fund	Scenario City/County			
1 Regional Fund Scenario 1 Scenario 2 City/County Fund Scenario 2 Scenario 3 Scenario 3 City/County Fund Scenario 2 Scenario 3 Cegional Fund Scenario 3	000 000 00		2 2 2 2	Scenario City/County 1 1 2 2	Scenario 1 Regional Fund	Scenario City/County			
Regional Fund Scenario 1 Scenario 2 City/County Fund Scenario 2 Regional Fund Scenario 2 Scenario 3 City/County Fund Scenario 3 Regional Fund Scenario 3			8888	Scenario City/County 1 1 2 2	Scenario 1 Regional Fund	Scenario City/County			
Scenario 2 City/County Fund Scenario 2 Regional Fund Scenario 2 Scenario 3 City/County Fund Scenario 3 Regional Fund Scenario 3	0 000 00		2888	Scenario City/County 1 1 2 2	Scenario 1 Regional Fund	Scenario City/County			
City/County Fund Scenario Regional Fund Scenario 2 Scenario 3 City/County Fund Scenario 3 Regional Fund Scenario 3	000 00		2 2 2 2	Scenario City/County 1 1 2 2	Scenario 1 Regional Fund	Scenario City/County			
2 Regional Fund Scenario 2 Scenario 3 City/County Fund Scenario 3 Regional Fund Scenario 3	000 00		2 2 2 2	Scenario City/County 1 1 4 4 4 1 1	Scenario 1 Regional Fund	Scenario			
Regional Fund Scenario 2 Scenario 3 City/County Fund Scenario 3 Regional Fund Scenario 3	00 00		28 28 28	Scenario	Scenario 1 Regional Fund	Scenario			
Scenario 3 City/County Fund Scenario 3 Regional Fund Scenario 3 County	0 00		2888	Scenario City/County 1 4 4	Scenario 1 Regional Fund	Scenario City/County			
City/County Fund Scenario 3 Regional Fund Scenario 3 County	00		8888	Scenarion (City/County)	Scenario 1 Regional Fund	Scenario City/County 3			
3 Regional Fund Scenario 3 County	00		2222	Scenario City/County 1 4 4	Scenario 1 Regional Fund	Scenarie City/County 3			
Regional Fund Scenario 3 County	0		2222	Scenario	Scenario 1 Regional Fund	Scenario			
County	4 1 1 1		8888	Scenaria City/County 1 4 4 2 2	Scenario 1 Regional Fund	Scenario			
County	1 1 1		8888	City/County	Regional Fund	City/County		Scenario 3	Scenario 3
	1 1 1		8888	4 8 0 d		, 23 ja	+	Clty/County Fund	Regional Fund
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	n Creek		named to the latest	1 2 1				1	
	T CICCIN		ndamed	2 4 7		2		4 4,010.63	
	Name and Address of the Parket		end.				MINISTER SANCES		
	key biscayne		b					7	
	ley		ज्यक े				The state of the s	\$ 918.57	
	·=		1		The state of the s	\$ 43,918.95		\$ 30,743.27	
	Miami Beach		0.181409572478%	\$ 35,374.87		\$ 27,211.44		\$ 19,048.01	
	Miami Gardens		0.040683650932%	\$ 7,933.31		\$ 6,102,55		\$ 4,271.78	
	Miami Lakes		0.007836768608%	\$ 1,528.17		1	A STATE		
	Miami Shores		0.006287935516%	\$ 1,226.15		\$ 943.19	MONTH CONTROL		
	Miami Springs		PERCENT	\$ 1,203.13		\$ 925.49		\$ 647.84	X OF THE REAL PROPERTY.
321 North	North Bay Village		Name of	\$ 1,006.27		\$ 774.05	STATE OF THE STATE OF		NUTLEASE TO SE
	North Mami		0.030379280717%	\$ 5,923.96		\$ 4,556.89	The state of the s	\$ 3,189.82	
	North Miami Beach		0.030391990953%	\$ 5,926.44	THE WATER	\$ 4,558.80	DESCRIPTION OF THE PARTY.	\$ 3,191.16	STATE OF THE PARTY.
	locka		appet 1	\$ 1,530.29		\$ 1,177.15			Breat Street
	Palmetto Bay		0.007404620570%	\$ 1,443.90		\$ 1,110.69	BLEAU STORY	\$ 777.49	
	rest		0.008296152866%	\$ 1,617.75		\$ 1,244.42		\$ 871.10	
	South Miami		10000	\$ 1,527.46		1,174.97		\$ 822.48	The state of the s
328 Sunny	Sunny Isles Beach		0.007693324511%	\$ 1,500.20		\$ 1,154.00		\$ 807.80	
329 Surfside	lde		0.004869836285%	\$ 949.62		\$ 730.48			からず 後に
	Sweetwater		0.004116300842%	\$ 802.68	10 10 10 10 10 10 10 10 10 10 10 10 10 1	\$ 617.45	THE PROPERTY OF	\$ 432.21	
	Virginia Gardens		STEP STATE					\$ 123.16	3823
	West Miami		0.002654623657%	\$ 517.65		\$ 398.19	The State of the last	\$ 278.74	
333 Monroe		0.476388738585%			\$ 216,756.88		\$ 166,736.06		\$ 116,715.24
	Monroe County		0.330124785469%	\$ 64,374.33		\$ 49,518.72	MILESTON ON THE	\$ 34,663.10	
	orada		0.022357305808%	\$ 4,359.67		\$ 3,353.60		\$ 2,347.52	
	Key Colony Beach		THE REAL PROPERTY.		South Control of	\$ 712.77		\$ 498,94	
	Vest		isospinė	17,1		\$ 13,213.11		\$ 9,249.18	
	UI.		THE OWNER OF THE OWNER,	\$ 29.39	O SUMMER	\$ 22.61		\$ 15.82	
339 Marathon	thon		0.030916742141%	\$ 6,028.76	-	\$ 4,637.51		\$ 3,246.26	
Nassau		0,476933463002%	_		\$ 217,004.73		\$ 166,926.71		\$ 116,848.70
	Nassau County		-	76,5		\$ 58,905.95		\$ 41,234.17	
	han							\$ 23.64	
	Fernandina Beach		0.083159445195%	\$ 16,216.09		12,		\$ 8,731.74	
244 Fillard		Variation 200 center of 0	_	164.29	+	\$ 126.38		\$ 88.46	-1
	Constant	0.819212865955%			\$ 372,741.85		\$ 286,724.50		\$ 200,707.15
The second state of the second	Okaloosa County		0.612059617545% \$	119,351.63		\$ 91,808.94		\$ 64,266.26	

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City/County Fund	15%	· a							
Regional Fund	35%	10							
Scenario I	\$ 130,000,000.00								
City/County Fund Scenario									
-	\$ 19,500,000.00								
Regional Fund Scenario 1	\$ 45,500,000.00								
Scenario 2	\$ 100,000,000,000								
City/County Fund Scenario									
7	\$ 15,000,000.00	,							
Regional Fund Scenario 2									
Scenario 3									
City/County Fund Scenario	4								1
3 Doctional Fund Seenario 3	\$ 24.500.000.00								
Negronal Fund Scenario S				Scenario 1	Scenario 1	Scenario 2	Scenario 2	Scenario 3	Scenario 3
County	Allocated Subdivisions	Overall Total %	Allocated % by entity	City/County Fund	Regional Fund	City/County	Regional Fund	City/County	Regional Fund
	Cinco Bayou		0.000733562214%	\$ 143.04					
	Crestview		0.070440130066%	\$ 13,735.83		\$ 10,566.02		5 7,396.21	
3449	Destin		0.014678507281%	\$ 2,862.31					
350	Fort Walton Beach		0.077837487644%	\$ 15,178.31		11,		\$ 8,172.94	
351	Laurel Hill		0.000079892914%	\$ 15.58					
	Mary Esther		0.009356549730%	\$ 1,824,53	The second	\$ 1,403.48			
	Niceville		0.021745398713%	\$ 4,240.35		m		7	10.25
	Shalimar		-	\$ 355.84		\$ 273.72		\$ 191.61	
	Valoaraiso		0,010456893052%	\$ 2,039.09		\$ 1,568.53		\$ 1,097.97	
356 Okeechobee		0.353495278692%			\$ 160,840.35		\$ 123,723.35		\$ 86,606.34
	Okeachobee County		0.314543851405%			4		\$ 33,027.10	
	Okeechobee		0.038951427287%	\$ 7,595.53	000	\$ 5,842.71		4,089.90	4 4 4 4 4 400 00
359 Orange		4,671028214546%			\$ 2,125,317.84		\$ 1,034,839.88	200 000	Triangland C
	Orange County		3.063330386979%	2		4		5 52,049,05	
	Apopka		0.097215150892%						
	Bay Lake		0.023566594013%						
	Belle Isle		0.010798253686%	1		2 1,019.74		20.551.02	
364	Eatonville		0.008325204835%			4,440.70			
365	Edgewood		0.00971b0b/845%	2.010.27				\$ 1,087.30	
	Lake Buena Vista		W005276202000					\$ 4,906.47	
	Martiand		0.040728275893			\$ 814.36			The second second
200	Cakialiu		0.06649982292894	ľ	Design of the last	6		\$ 6,992.98	
	Occue		1 160748481490%	1	STATE OF THE PARTY	\$ 174,037.27		\$ 121,826.09	
	Windomore		0.007548064667%						
	Willucinese		0.056264584996%			\$ 8,439.69		\$ 5,907.78	
	Willel Galdell		0 104903028159%			(T		\$ 11,014.82	
574 Orresia	WIIICITOIN	1 073452092940%			\$ 488,420.70		\$ 375,708.23		\$ 262,995.76
Careora	Osceola County		0.837248691390%	\$ 163,263.49		\$ 125,587.30		\$ 87,911.11	
	Kissimmee		0.162366006872%	\$ 31,661.37		0.10-			
377	St. Cloud		0.073837394678%	\$ 14,398.29		\$ 11,075.61	V.	\$ 7,752.93	- 1
378 Palm Beach		8.601594372053%			\$ 3,913,725.44		\$ 3,010,558.03		\$ 2,107,390.62
379	Palm Beach County		5.552548475026%	\$ 1,082,746.95		òò		\$ 583,017.59	
380	Atlantis		0.018751230169%						
381	Belle Glade		0.02082844594594						
382	Boca Raton		0.472069073961%	\$ 92,053.47		\$ 70,810.36		\$ 49,567.25	
-	-		No name and a second	TO 121 40					

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1 City/County Fund	15%	%							
T	35%	. %				2			
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4 1	\$ 19,500,000.00	0							
5 Regional Fund Scenario 1		0							
τ	\$ 100,000,000,000								
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7 2	\$ 15,000,000.00	0							
8 Regional Fund Scenario 2	\$ 35,000,000.00								
9 Scenario 3									
City/County Fund Scenario									
10 3	\$ 10,500,000.00	0							
11 Regional Fund Scenario 3	\$ 24,500,000.00	0							
12				Scenario 1	Scenario 1	Scenario 2	Scenario 2	Scenario 3	Scenario 3
13 County	Allocated Subdivisions	Overall Total %	Allocated % by entity	City/County	Regional Fund	City/County Fund	Regional Fund	Clty/County Fund	Regional Fund
384	Briny Breezes		0.003257452012%	\$ 635.20		\$ 488.62		\$ 342.03	
385	Cloud Lake		0.000188837798%	\$ 36.82		\$ 28.33	STATE OF THE PARTY	\$ 19.83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
386	Delray Beach		0.351846579457%	\$ 68,610.08	BID THE SOLE	52,		36,	
387	Glen Ridge		0.000052656694%	\$ 10.27	Brand House and State	\$ 7.90	THE PROPERTY OF		TO SERVICE STATE OF THE SERVIC
388	Golf		0.004283349663%	\$ 835.25	All the second second second	\$ 642.50		14	
388	Greenacres		0.076424835657%	\$ 14,902.84	THE CONTRACTOR	I		000	
390	Gulf Stream		0.010671151322%		THE WAY THE PERSON		POR STREET		"
391	Haverhill		0.001084001589%						
392	Highland Beach		0.032510968934%	LO	NOW IN COLUMN TO A STATE OF THE PARTY OF THE	4		m	
393	Hypoluxo		0.005153092982%	\$ 1,004.85	Aligh Aliteratura		THE PROPERTY.		
394	Juno Beach		0.016757538804%	\$ 3,267.72		\$ 2,513.63		\$ 1,759.54	
395	Jupiter Island		0.125466374888%	\$ 24,465.94	ACCORDING TO SECURITY OF	\$ 18,819.96		\$ 13,173,97	
396	Jupiter Inlet Colony		0.005276563849%	\$ 1,028.93		\$ 791.48	Harry Constitution of the second		
397	Lake Clarke Shores		0.007560774903%	\$ 1,474.35		\$ 1,134.12		\$ 793.88	
398	Lake Park		0.029433275980%	\$ 5,739.49	DOMESTIC STREET	\$ 4,414.99		\$ 3,090.49	
399	Lake Worth		0.117146617298%			\$ 17,571.99	100	, ,	
400	Lantana		0.024507151505%	4		m		2	
401	Loxahatchee Groves		0.002531152789%			\$ 379.67	12 Turken		
402	Manalapan		0.021632822333%		The State of			\$ 2,271.45	
403	Mangonia Park		0.010696571795%				CHICAGO CONTRACTOR		
404	North Palm Beach		0.044349646256%		The Party of the P			\$ 4,656.71	100
405	Ocean Ridge		0.012786497807%	7	10 SN 10 M	\$ 1,917.97		\$ 1,342.58	
406	Pahokee		0.004018250447%	\$ 783.56	Selffin cristomic	\$ 602.74		\$ 421.92	
407	Paím Beach		0.185476848123%	\$ 36,167.99		\$ 27,821.53		\$ 19,475.07	
408	Paim Beach Gardens		0.233675880257%	7		\$ 35,051.38	101	\$ 24,535.97	
409	Palm Beach Shores		0.014135598612%	\$ 2,756.44	Service of the service of	\$ 2,120.34	The second secon	\$ 1,484.24	
410	Palm Springs		0.038021764282%	\$ 7,414.24		\$ 5,703.26		\$ 3,992.29	
411	Riviera Beach		0.163617057282%	\$ 31,905.33		\$ 24,542.56		\$ 17,179.79	
412	Royal Palm Beach		0.049295743959%	\$ 9,612.67		\$ 7,394.36	Side of the latest of the late	100	
413	South Bay		0.001830274040%	\$ 356.90		\$ 274.54		\$ 192.18	
414	South Palm Beach		0.005866681967%	\$ 1,144.00		\$ 880.00		\$ 616.00	
415	Tequesta		0.031893614595%						
416	Wellington		0.050183644758%			\$ 7,527.55		\$ 5,269.28	
417	West Palm Beach		0.549265602541%	\$ 107,106.79	-	\$ 82,389.84	- 1	\$ 57,672.89	
418 Pasco	,	4.692087260494%			\$ 2,134,899.70		\$ 1,642,230.54		\$ 1,149,561.38
416	Pasco County			\$ 842,245.02		\$ 647,880.79		45	
2	Cade City		0.055819726723%	10.884.85		8.372.96		5 861 07	

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1 City/County Fund	15%								
2 Regional Fund	35%								
3 Scenario 1	\$ 130,000,000.00								
City/County Fund Scenario									
4 1									
5 Regional Fund Scenario 1	\$ 45,500,000.00								
6 Scenario 2									
City/County Fund Scenario	4								
\neg									
	35,000,000,000.00								
9 Scenario 3									
10 3	5 10,500,000.00								
11 Regional Fund Scenario 3	\$ 24,500,000.00							C. officeroon?	Connecto 2
12				Scenario 1	Scenario 1	ocenario 2	Scellai 10 4	Section 5	Portional Eural
13 County	Allocated Subdivisions	Overall Total %	-	City/Cou	Kegionai rund	CITY/COU	nun ipinisau	מולא/ במת	nip i igingga
421	New Port Richey		0.149879107494%	\$ 29,226.43					
422	Port Richey		0.049529975458%	\$ 9,658.35		\$ 7,429.50		ις.	
423	San Antonio		the same	\$ 427.01		\$ 328.47		\$ 229.93	
84.6	Ct loo		desa	\$ 544.21		\$ 418.62		\$ 293.03	
474	31: LEO		ndenn.	12	The country of the last	16	STATE OF STREET	\$ 11,830.62	
475	Zepnyrollis	Approx 20000 -	rib=		¢ 3 610 374 87		\$ 277771 44		\$ 1.944.048.03
426 Pinellas		7.93468981b///%	mèn	73 707 700		201 000 00		SC 795 77A \$	10
427	Pinellas County		wit-	0		3		1 900 05	
428	Belleair		CONTRACT	3,226.07		C C C C C C C C C C C C C C C C C C C			
429	Belleair Beach		-			-			
430	Belleair Bluffs		-	L		4 1,123.40			
431	Beileair Shore		wde					22	
432	Clearwater		and the			35,073.47		C0'CCC'00	
433	Dunedin		egodo						
434	Gulfport		mark.					7 0,020,01	
435	Indian Rocks Beach		reporter.						
436	Indian Shores		n+						
437	Kenneth City		regude.	\$ 3,403.68	Contract of the last	2,618.22			
438	Largo		ungolo						
439	Madeira Beach		cepto	4		m		5 2,374.78	
440	North Reddington Beach		0,003820333909%	\$ 744.97					
441	Oldsmar		0.039421706033%	\$ 7,687.23					
442	Pineilas Park		0.251666311991%	\$ 49,074.93		\$ 37,749.95		92	
443	Redington Beach		0.003611522882%			\$ 541.73			
444	Redington Shores		0.006451352841%	\$ 1,258.01		\$ 967.70		\$ 677.39	
445	Safety Harbor		0.038061710740%	\$ 7,422.03		\$ 5,709.26			
446	Seminole		0.095248695748%	\$ 18,573.50		\$ 14,287.30		\$ 10,001.11	
447	South Pasadena		distribution.			\$ 4,495.34			
448	St. Pete Beach		0.071791046619%	\$ 13,999,25		\$ 10,768.66		\$ 7,538.06	
740	C+ Dotombura		1.456593090134%				No. of the last	17	
7440	Tamon Springs		0.101970595050%						
777	Treature Island		0.040652783215%	\$ 7.927.29				\$ 4,268.54	
457 Polk		2.150483025298%			\$ 978,469.78		\$ 752,669.06		\$ 526,868.34
453	Polk County		1.558049828484%	\$ 303,819.72	THE PARTY OF THE P	\$ 233,707.47		\$ 163,595.23	
757	Auhirndale		disses			\$ 4,295.42		\$ 3,006.80	
455	Bartow		200			\$ 6,595.80		\$ 4,617.06	
456	Davenport		0.005305615818%	\$ 1,034.60		\$ 795.84			
	C		Č inos		A PROPERTY OF	\$ 839.69	THE RESERVE	\$ 587.78	
75.7	900								

PROTECTED - CONFIDENTIAL - ATTORNEY CLIENT PRIVILEGED

Regional Fund 5,038.40 786.45 6.67 0.57 113.44 39.85 93.80 4,671.39 8,375.60 6,479.55 808.75 615.05 3,810.78 197.14 6,504.91 15.78 266,72 30,961.95 568.53 10,188.53 34,568.73 583.97 4,930,30 62,215.02 202,053.10 4,896.36 50,849.40 14,946.48 158,412.89 8,537.08 8,403.53 City/County Fund Scenario 3 S 134,712.62 245,443.56 981,765,35 749,401.89 Regional Fund Scenario 2 1,155.36 7,197.72 5,443.98 12,195.83 387,03 0.82 381.03 44,231.35 162.06 834.25 281,62 7,043.29 56.92 31,441.77 9,292.73 23.97 878.64 1,123.49 14,555.04 49,383.90 134,00 88,878.60 288,647.29 6,673.42 9,256.50 City/County Fund 6,994.81 21,352.11 226,304.12 11,965.14 G 175,126.40 319,076.63 1,276,294.96 Regional Fund 974,222.46 9,357.03 1,460.54 1,501.97 1.06 495.35 1,055.84 210.67 1,084.52 366.11 74.00 31.16 40,874.30 94,434.60 15,606.74 57,500,76 115,542.18 503.13 1,142.23 18,921.55 64,199.07 7,077.17 9,156.27 174.20 12,080.54 9,093.25 8,675.44 15,854,59 City/County Fund 27,757.74 294,195.36 15,554.69 12,033.45 Scenario 1 13 of 15 0.080034542791% 0.079767627827% 0.061710013415% 1.508694164839% 0.592523984216% 0.005857603227% 0.047984773863% 0.000063551182% 0.000005447244% 0.007489960729% 0.002540231530% 0.294875668468% 0.036293172134% 0.005414560702% 0.001080370093% 0.329225990182% 0.001877483489% 0.000379491344% 0.005561636294% 0.046955244716% 0.000893348043% 0.061951507906% 0.000159785829% 0.046632041562% 1.924315263251% 0.044489458856% 0.209611771277% 0.484279979635% 0.142347384560% 0,081305566430% 0.0970335760879 Allocated % by entity ۵ 0.384893194068% 2.805043857579% 0.7012673195139 2.1411482645449 Overall Total % PROTECTED - CONFIDENTIAL - ATTORNEY CLIENT PRIVILEGED 15% 35% 130,000,000.00 19,500,000.00 45,500,000.00 100,000,000.001 35,000,000,00 70,000,000,07 10,500,000.00 24,500,000.00 15,000,000.00 Allocated Subdivisions Santa Rosa County Altamonte Springs Hillcrest Heights Seminole County Sarasota County Putnam County Highland Park Lake Hamilton Winter Haven Pomona Park Longboat Key Crescent City Fort Meade Haines City Lake Alfred Lake Wales Interlachen **Gulf Breeze** Casselberry Frastproof Lake Mary North Port Mulberry Longwood Lakeland Polk City Sarasota Jay Milton Palatka Welaka Venice City/County Fund Scenario City/County Fund Scenario City/County Fund Scenario 8 Regional Fund Scenario 2 4 1 5 Regional Fund Scenario 1 Regional Fund Scenario 3 1 |City/County Fund Regional Fund 6 Scenario 2 Scenario 3 478 Santa Rosa 479 Scenario 1 487 487 488 489 Seminole 490 483 Sarasota 484 13 County 458 Putnam 유급 459 460 461 462 463 465 466 466 467 471 77 469 470 472 475 480 482 485

171,810.49

94,298.83

Scenario 3

687,235.75

524,581.32

1,095,615.39 32,263.66 114,239.60 66,855.21 248,616.67 527,319.75 22,804.71 Regional Fund Scenario 2 5,961.46 9,544.39 23,930.29 991.13 196.92 112.21 139.45 10,495.48 209.72 17.43 256,286.30 1.63 19.88 45,340.95 1.91 143,423.49 213.53 2,105.09 24,154.17 4,358.61 3,331.81 24,636.52 9,339.30 98,450.22 6,976.56 1,121.59 15,469.63 City/County Fund Scenario 2 41,942.76 29,646.12 1,424,300.00 148,511.49 685,515.67 86,911.77 323,201.67 Regional Fund 31,400.42 22.66 31,109.37 1,288.46 255.99 145.88 272.63 333,172.19 87,273.51 7,749.90 9,069.53 1,458.06 25.85 277.59 12,407.71 2.48 32,027.48 12,141.09 127,985.29 2.12 186,450.53 58,943,24 2,736.61 5,666.20 13,644.12 4,331.35 20,110.52 City/County Fund 14 of 15 Scenario 1 0.0001398126003% 0.046510386442% 1,708575342287% 0.039743093439% 0.069969851319% 0.022212045963% 0.063629259109% 0.447556475212% 0.161027800555% 0.956156584302% 0.390803453989% 0.302273026046% 0.006607507174% 0.001312785844% 0.014033916721% 0.000929663004% 0.029057416132% 0.000116207876% 0.000010894488% 0.0000000000000000 0.000132549608% 0.000748088199% 0.001423546476% 0.656334818131% 0.159535255654% 0.103130858057% 0.062262000824% 0.1642434903629 Allocated % by entity 0.191014879692% 0.092181897282% 0.065156303224% 3.130329674480% 0.326398870459% 0.710333349554% 1.506627843552% PROTECTED - CONFIDENTIAL - ATTORNEY CLIENT PRIVILEGED PROTECTED - CONFIDENTIAL - ATTORNEY CLIENT PRIVILEGED Overall Total % 15% 35% 00'000'000'001 35,000,000.00 00'000'000'02 10,500,000.00 130,000,000.00 19,500,000.00 15,000,000.00 45,500,000.00 24,500,000.00 Daytona Beach Shores Allocated Subdivisions Worthington Springs St. Augustine Beach Suwannee County St. Johns County St. Lucie County St. Lucie Village Volusia County Daytona Beach Sumter County Winter Springs Port St. Lucie **Taylor County** Jnion County St. Augustine Marineland ake Butler Fort Pierce Center Hill Wildwood Coleman Branford Bushnell Webster Live Oak Hastings Raiford Perry ď. City/County Fund Scenario City/County Fund Scenario City/County Fund Scenario 11 Regional Fund Scenario 3 8 Regional Fund Scenario 2 Regional Fund Scenario 1 City/County Fund Regional Fund Scenario 3 Scenario 2 516 Suwannee Scenario 1 St. Johns 504 St. Lucie 13 County 495 528 Volusia Sumter Union 520 Taylor 10 525 526 527 496 497 498 499 515 502 512 513 514 505 505 508 511 50 20

174,031.67

6,537.51 68,915.16 1.14 4,883.59

Regional Fund Scenario 3

> 10,828.74 17,245.57

City/County Fund Scenario 3

369,123.82

785.11 100,396.44 16,751.20 41,034.36 79,967.72

31,738.67 693.79 137.84 149.47

13.92

22,584.56

3,051.03

97.61

16,907.92

46,798.6

1,473.56

78.55

15,963.29

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3 Scenario 1	\$ 130,000,000.00	00							
City/County Fund Scenario									
4	\$ 19,500,000.00	00							
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6 Scenario 2	\$ 100,000,000,000	00							
7 2	\$ 15,000,000.00	8							
8 Regional Fund Scenario 2		8							
9 Scenario 3		8							
10 3	us e	8 9							
1.1 Kegional Fund Scenario 3		20							
172				Scenario 1	Scenario 1	Scenario 2	Scenario 2	Scenario 3	Scenario 3
13 County	Allocated Subdivisions	Overall Total %	Allocated % by entity	City/Coun	Regional Fund	City/Coun	Regional Fund	City/Coun	Regional Fund
32	Desary		0.035283616215%			\$ 5,292.54		\$ 3,704.78	
533	Deland		0.098983689498%	\$ 19,301.82		\$ 14,847.55		-	
534	Deltona		0.199329190038%	\$ 38,869.19	DE AGON, THOUGH THE	\$ 29,899.38			
535	Edgewater		0.058042202343%	\$ 11,318.23					
536	Flagier Beach		0.000223337011%	\$ 43.55	PRINCE LINE		No. of the last of	5 23.45	
537	Holly Hill		0.031615805143%	\$ 6,165.08	The Control of the	\$ 4,742.37		64	AL ALLES
538	Lake Helen		0.004918861482%						
539	New Smyrna Beach		0.104065968306%	70		15		\$ 10 976 01	
540	Oak Hill		0.004820811087%	\$ 940.06			THE STORY CAN		
541	Orange City		0.033562287058%	9		ın		1	
542	Ormond Beach		0.1146445164779	\$ 22,355.68		[-	
543	Pierson		0.002333236251%						
544	Ponce Inlet		0.023813535748%	\$ 4,643,64	The state of the	m	Committee of the Commit	100	
545	Port Orange		0.177596501562%	m				-	
546	South Daytona		0.045221205323%	\$ 8,818.14			THE WORLD		
547 Waƙulla		0.115129321208%			\$ 52,383.84		\$ 40.295.26		\$ 28 206 69
548	Wakulla County		0.114953193647%	\$ 22,415.87		\$ 17,242.98		\$ 12,070.09	
549	Sopchoppy		0.000107129135%	\$ 20.89	TATE OF THE PARTY		TO STATE OF THE PARTY OF THE PA		
550	St. Marks		0.000068998426%	\$ 13.45			The State of the last		
551 Walton		0.268558216151%			\$ 122,193.99		\$ 93,995.38		5 65 796 76
552	Walton County		0.224268489581%	\$ 43,732.36		\$ 33,640.27		\$ 73.548.19	K
553	DeFuniak Springs		0.017057137234%	\$ 3,326.14				\$ 1.791.00	
554	Freeport		0.003290135477%						
555	Paxton		0.023942453860%	\$ 4,668.78		m			
556 Washington		0.120124444109%			\$ 54,656.62		\$ 42,043.56		\$ 29.430.49
557	Washington County		_	50		\$ 15,736.27		\$ 11,015.39	
558	Carwille		_	\$ 273.34		\$ 210.26	HONOR TRANSPER	\$ 147.18	
559	Chipley		-	2,4		\$ 1,882.57		स्र	
200	Ebro							\$ 23.26	
100	Vernon		_			\$ 54.20	S. The Market		
200	Wausau		0.000680905521%	132.78	-			\$ 71.50	
23		100,00%	100.00%	\$ 19,500,000.00	\$ 45,500,000.00	\$ 15,000,000.00	\$ 35,000,000,00	30 10 500 000 00	\$ 24.500,000,00

