**Yellow= Transferring County / Green = Receiving County**

**RESOLUTION #**

**Authorizing \_\_\_\_\_\_\_\_\_\_\_\_\_ County, Iowa, to Transfer Settlement Funds Received from McKesson Corporation, Cardinal Health, Inc., AmerisourceBergen Corporation, Johnson & Johnson, Janssen Pharmaceuticals, Inc., Ortho-McNeil-Janssen Pharmaceuticals, Inc., and Janssen Pharmaceuitca, Inc., to \_\_\_\_\_\_\_\_\_ County, Iowa, Pursuant to the Terms of the Iowa Opioid Allocation Memorandum of Understanding and Authorize Brown Greer to Distribute Funds Accordingly**

**WHEREAS**, negotiations to settle claims against several of the Opioid Defendants, specifically McKesson Corporation, Cardinal Health, Inc., AmerisourceBergen Corporation, Johnson & Johnson, Janssen Pharmaceuticals, Inc., Ortho-McNeil-Janssen Pharmaceuticals, Inc., and Janssen Pharmaceutica, Inc. (the “Settling Defendants”) have been ongoing for several years;

**WHEREAS,** negotiations with the Settling Defendants have resulted in nationwide settlements of state and local government claims involved in the Litigation as set forth in the Distributors Master Settlement Agreement and the J&J Master Settlement Agreement (collectively “Settlement Agreements”);

**WHEREAS,** \_\_\_\_\_ County entered into a Participation Agreement to each Settlement Agreement, which provides, among other things, for the payment of a certain sum to settling government entities in Iowa including to the State of Iowa and Participating Subdivisions, as that term is defined in the Settlement Agreements, upon occurrence of certain events as defined in the Settlement Agreements (“Iowa Opioid Funds”);

**WHEREAS**, \_\_\_\_\_\_\_\_\_ County also entered into the Iowa Opioid Allocation Memorandum of Understanding (“Allocation MOU”), which is an agreement between all the Local Governments and the Iowa Attorney General;

**WHEREAS,** Brown Greer has been selected as the administrator under the Settlement Agreements.

**WHEREAS,** \_\_\_\_\_\_\_\_\_\_\_ County and \_\_\_\_\_\_\_\_\_\_ County have agreed that as a condition to this redirection, \_\_\_\_\_\_\_\_ County shall follow all of the same requirements under the Allocation MOU and Settlement Agreements for how the Direct Distributions may be expended, audited and reported as it relates to the received Direct Distributions.

**WHEREAS**, the intent of this Resolution is to authorize \_\_\_\_\_\_\_\_ County, Iowa, to direct Brown Greer to distribute its Direct Distributions to \_\_\_\_\_\_\_\_ County, Iowa;

**NOW, THEREFORE, BE IT RESOLVED:** the \_\_\_\_\_\_\_\_\_ County Board of Supervisors has determined that its Direct Distribution will be best utilized by joining in with \_\_\_\_\_\_\_ County to create a more meaningful impact for its citizens;

**BE IT FURTHER RESOLVED: \_\_\_\_\_\_\_\_** County herby directs Brown Greer to pay \_\_\_\_\_\_ County’s Direct Distributions, as of the date below and going forward, to \_\_\_\_\_\_\_\_ County.

**BE IT FURTHER RESOLVED: \_\_\_\_\_\_\_\_\_** County agrees and acknowledges that if the Direct Distribution of \_\_\_\_\_\_\_ County or the Direct Distribution of \_\_\_\_\_\_\_ County is subject to the Iowa Backstop Fund as set forth in Section D of the MOU, the calculations shall be as though each County subject to this resolution is receiving its Direct Distribution separately.

**BE IT FURTHER RESOLVED:** \_\_\_\_\_\_\_\_\_ County has received assurances from \_\_\_\_\_\_\_\_ County that \_\_\_\_\_\_\_\_\_\_ County will follow all requirements under the Allocation MOU and Settlement Agreements for how the Direct Distributions may be expended, audited and reported and \_\_\_\_\_\_\_ County retains the right to request verification of this at any time.

**BE IT FURTHER RESOLVED**: that the \_\_\_\_\_\_\_\_\_\_\_ County Board of Supervisors directs \_\_\_\_\_\_\_\_\_\_county staff to take such actions to effectuate the above resolutions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_, Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attest: \_\_\_\_\_\_\_\_\_\_\_, County Auditor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Board of Supervisors