

**RECORD OF ORDINANCES**

*Amended (3)*

Ordinance No. 01-02 2024 Passed \_\_\_\_\_, 20 24

**AN ORDINANCE AUTHORIZING THE USE OF OPIOID FUNDS TO PICKAWAY AREA RECOVERY SERVICES (PARS) AND DECLARING AN EMERGENCY**

**WHEREAS**, OneOhio Memorandum of Understanding provides a mechanism for the distribution of any opioid settlement funds and outlines how the funds can be used. 30% of the funding will be set aside for community recovery; this money will go directly to the Local Governments; and

**WHEREAS**, Opioid Funds can be used on programs that address prevention, treatment and long-term recovery; criminal justice; and public awareness costs that promote the overall health and well-being of Ohioans, and the Local Government share can also be used for past expenditures consistent with the Approved Purposes; and

**WHEREAS**, Council has determined The City of Circleville will receive approximately \$31,000 annually for as long as Opioid Funds are available; and

**WHEREAS**, Pickaway Area Recovery Services offers much needed resources in the effort to end drug addiction and assist with our homelessness; and

**WHEREAS**, Pickaway Area Recovery will request the full amount of funds for as long as Opioid Funds are available and will distribute \$13,000 annually to Pickaway Area Recovery Services (PARS), \$5,000 annually to Pickaway County Community Action (PICCA and \$13,000 annually to Pickaway Addition Action Coalition (PAAC)

**NOW THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF CIRCLEVILLE, STATE OF OHIO,**

**SECTION I:** Pickaway Area Recovery Services is requesting the annual Opioid Dollars of \$31,000 for as long as the Opioid Funds are available.

**SECTION II:** Please reference the attached Request For Proposal for the details of the use of the funds (Attachment A).

**SECTION III:** Pickaway Area Recovery Services shall be required to email a report at the end of each year on each of the three programs that receive opioid funding to the Mayor, Auditor, Council President and Finance Committee Chairperson. These reports are then to be reviewed by the Finance Committee with this Committee to provide a summary to the full Council. At a minimum the report shall provide for each non-profit:

- a) A description of the program
- b) How the money was spent
- c) The number of citizens that participated or were served
- d) If the program will continue in the following year, and/or any major changes planned
- e) The request for funding for the following year

**SECTION IV:** This ordinance is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health or safety of the citizens of the City of Circleville; the emergency being to avoid unnecessary delay in the application and contracting process, wherefore, this ordinance shall be in full force and effective immediately upon its passage.

# RECORD OF ORDINANCES

Ordinance No. 01-02-2024

Passed 1-2-, 20 24

PASSED: 01-02-2024  
DATE

Baumgardner  
PRESIDENT OF COUNCIL

ATTEST: [Signature]  
CLERK OF COUNCIL

APPROVED: 1-2-2024  
DATE

[Signature]  
MAYOR

APPROVED AS TO FORM: \_\_\_\_\_

[Signature]

KENDRA C. KINNEY  
CIRCLEVILLE LAW DIRECTOR

REVIEWED BY LAW DIRECTOR  
AND APPROVED AS TO FORM

**Request for Proposal**  
**OneOhio Recovery City of Circleville Grant**

Project Titles:

*PICCA – Mobile Hygiene Unit*

Applicant Name: *Pickaway County Community Action Org., Inc.*

Applicant Type:

- Nonprofit
- Government Unit
- Government Agency

If a nonprofit, answer the following. Applicant affirms current registration status with:

- IRS (Yes or No )
- Secretary of State ( Yes or No )
- Attorney General ( Yes or No )

If no, please explain:

Upload your 501c determination letter. *Please see attached documents*

Does your organization have an annual independent audit? *Yes*

Does your organization have and use a conflict of interest policy for board and staff? *Yes*

Applicant affirms it is certified and accredited to provide the services for which it is seeking funding (Yes + No )

Applicant address (street address, city, state, zip code)

*469 East Ohio Street*

*Circleville, OH 43113*

Primary Contact (name, title, email, telephone)

*Nick Pruitt*

*CSBG/Utilities Director*

*npruitt@picca.info*

*740-477-1655*

Applicant website:

*picca.info*

Current fiscal year budget total:

*\$9,075,826 – 83.8% restricted grant funding*

Program approved purpose (indicate all that apply): Treatment

- Prevention
- Education
- Recovery
- Over-prescription of drugs

Funds Requested (Maximum per year):

*PICCA - \$85,000 – Lump Sum One-Time Funding for Current Available Funds*

Indicate if this is:

- New Program
- Expansion
- Continuation of and existing program

Indicate the length of the program:

- Single year
- Two- year
- Three-year
- Over three-years

If program is a continuation, describe how it will improve or increase the program AND how this request does not supplant current funding: N/A

What other funding do you receive for this organization:

*Federal, State and Local restricted grants. Some local foundation grants and donations*

Amount of other funding:

*\$9,075,826 - 2024 Annual Budget. 83.8% of the budget is restricted grant funding. PICCA has included \$60,000 in our Community Services Block Grant application for 2024/2025 for ongoing support of the Hygiene Unit.*

Program Start Date:

*Upon receipt of funding from the OneOhio Recovery Funding*

Program End Date:

*Ongoing*

Describe the local needs to be addressed and how those needs have been identified:

*The local needs to be addressed with this proposal would be the availability for community residents in crisis to shower and launder their clothing on a regular basis. The need for these services have been identified through local community assessments, community partners and through several conversations with community members participating in PICCA's Wellness Program and other recovery programs that participants are stating they do not have the access to these amenities on a regular basis.*

Describe the structure of the program and people to be served, including how population demographics (i.e., age, gender, culture) and if applicable, social determinants of health (e.g., housing stability, adverse childhood experiences/trauma, food instability, insurance status, proximity to quality services) will be addressed. Include the number of people, ages and cultural demographics of the populations to be served.

*The Mobile Hygiene Unit can serve all individuals within Pickaway County that need access to a shower and laundry facility. This includes people in recovery, homeless people and anyone that is experiencing barriers to good hygiene and clean clothes. This could also include people who are victims of an emergency situation (weather or other disaster). The unit will assist individuals*

*with establishing regular hygiene habits that promote self-confidence and dignity to increase employment and housing stability. Everyone deserves to feel the basic comfort and dignity of cleanliness. Regular hygiene also plays a critical role in keeping down the spread of communicable illnesses from person to person.*

Describe the program, including the activities, services and assessments:

*The Mobile Hygiene Unit will serve as an entry point for homeless individuals and / or families to connect and be educated about community resources within Pickaway County. The unit will provide these individuals with resources as well as a shower and a place to launder clothing. PICCA staff will use this time to engage the individual, assess their needs and provided wrap around services that will assist them moving forward in self-sufficiency.*

*PICCA intends to partner with PARS and PAAC for their community outreach events as well as other events where the unit can assist people in need of a shower or clean clothes.*

*This unit will also be available and deployable to any community crisis situations such as fire, flood, tornado, utility outages or train incidents. This will provide the community with an instantly deployable mobile hygiene unit that features necessary showers and laundry units to serve and respond to community crisis situations.*

Indicate/describe the evidence-based practice's being followed in the program: **Abatement strategies/evidence-based resources:**

*Poor hygiene affects more than just your physical appearance. It goes beyond dirty clothes, ungroomed hair, dirty nails, and body odor. Poor hygiene can also affect one's mental health, make one more susceptible to diseases, and even hinder one's self-esteem. Many homeless people can go days, weeks, and even months without a shower, because they can't get basic hygiene supplies like soap and have no access to running water. Without this basic dignity of cleanliness, it creates barriers for opportunities for employment and housing which can often lead to new or continued addiction issues.*

Describe the anticipated annual outcomes of the program, including metrics to be gathered and monitored:

*Based on the capacity of the proposed unit, PICCA anticipates serving 8-10 individuals per day that the unit is in operation. We will also be working with community partners to make the service available during special events that are outside our normal hours of operation with the ultimate goal of connecting clients to services that will help them improve their overall quality of life.*

Describe how grant activities will be monitored for meeting program requirements, including staff roles:

*PICCA's fiscal department will monitor all grant expenditures to ensure we meet the fiscal requirements for the funding.*

Describe how the project will be sustained beyond the period for which funding is requested:

*PICCA will pursue other funding sources including federal, state and local grants as well as foundations and private donations to continue support of the Hygiene Unit.*

Un-allowable expenses:

- Food and beverage costs are allowed for program participants if integral to program or service being provided.
- Alcoholic beverages
- Entertainment

Authorized Signature *Becly Hammond*

Title Executive Director

Date 11/1/2023



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0752255943  
Oct. 31, 2018 LTR 4168C 0  
31-0722252 000000 00

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BODC: TE

PICKAWAY COUNTY COMMUNITY ACTION  
ORGANIZATION  
469 E OHIO ST  
CIRCLEVILLE OH 43113-2034



009913

Employer ID number: 31-0722252  
Form 990 required: yes

Dear Taxpayer:

We issued you a determination letter in July 1966, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

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Oct. 31, 2018 LTR 4168C 0  
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PICKAWAY COUNTY COMMUNITY ACTION  
ORGANIZATION  
469 E OHIO ST  
CIRCLEVILLE OH 43113-2034

Thank you for your cooperation.

Sincerely yours,



Teri M. Johnson  
Operations Manager, AM Ops. 3