

RECORD OF LEGISLATION

No. 10.65.2026

Passed 10-20, 2026

A RESOLUTION AUTHORIZING THE USE OF OPIOID FUNDS TO HOPE HOUSE 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, Hope House offers much needed resources in the effort to end drug addiction and assist with our homelessness; and

WHEREAS, Hope House will request the amount of \$10,000 as long as Opioid Funds are available.

NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF CIRCLEVILLE, COUNTY OF PICKAWAY, STATE OF OHIO AS FOLLOWS:

SECTION I: Hope House is requesting the Opioid Dollars of \$10,000 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: Hope House shall be required to email a report at the end of the year to the Mayor, Auditor, Council President and Finance Committee Chairperson. This report is 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 resolution 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 resolution shall be in full force and effective immediately upon its passage.

PASSED: 10-20-2026
DATE

Bryan G. Hill
PRESIDENT OF COUNCIL

ATTEST: [Signature]
CLERK OF COUNCIL

APPROVED: 10-20-2026
DATE

[Signature]
MAYOR

APPROVED AS FORM:

[Signature]
KENDRA C. KINNEY - LAW DIRECTOR

RECORD OF LEGISLATION

No. _____

Passed _____, 20 ____

Request for Proposal

OneOhio Recovery City of Circleville Grant

Project Title: Connecting Unsheltered Addicts to Services Needed

Applicant Name: Hope House of Pickaway County Men's Shelter

Applicant Type:

- **Nonprofit** – We are a 501c3 entity
- Government Unit
- Government Agency

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

- IRS (Yes)
- Secretary of State (Yes)
- Attorney General (Yes)

If no, please explain:

Upload your 501c determination letter.

Does your organization have an annual independent audit? **Our board treasure and director go over the books monthly and report to the board all financial transactions at monthly meetings.**

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) **The service we provide is overnight housing for homeless men, which requires no accreditation or certification. We connect those who identify as addicts with services available in our county.**

Applicant address (street address, city, state, zip code): **134 E. Mound St. Circleville, Ohio 43113**

Primary Contact (name, title, email, telephone) **Alice Chester, director: 740-500-0952**

Hopehousepickawaycounty@gmail.com

Applicant website: **hopehousepickaway.org**

Current fiscal year budget total: \$110,000.00

Program approved purpose (indicate all that apply):

- ☐ Treatment
- ☐ Prevention
- ☐ Education
- ☐ **Recovery** – connecting the men to appropriate services for recovery
- ☐ Over-prescription of drugs

Funds Requested (Maximum per year): **\$10,000**

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** – ongoing as long as we exist

If program is a continuation, describe how it will improve or increase the program AND how this request does not supplant current funding: **This grant will enable us to put more focus on helping guests connect with recovery services and following up with them outside of our overnight shelter hours of operation.**

What other funding do you receive for this organization: **Our operational funding comes from donations from local churches, businesses, civic organizations and private individuals.**

Amount of other funding: **95% of our annual budget comes from the above sources, the rest is through fund raising events.**

Program Start Date: **ongoing and continuous**

Program End Date: **none**

Describe the local needs to be addressed and how those needs have been identified: **When guests arrive each night, they fill out a registration form in which they can indicate if they struggle with addiction and would like directed to recovery programs.**

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. **There is no restriction for services to any man who comes to Hope House for shelter.**

Describe the program, including the activities, services and assessments: **Hope House accepts any man, regardless of their record or addictive past into the shelter. We direct those who indicate wanting help with recovery to local services available, including weekly meetings held by one of our night monitors. Additionally, we supply our men with 3 meals a day, free laundry services, and basic toiletry supplies. We work with local agencies to connect the men to other services as well: PICCA (Rapid-Rehousing and Wheels-to-Work programs), Integrated Services, Job and Family Services, and the local free clothing store.**

Indicate/describe the evidence-based practice's being followed in the program: Abatement strategies/evidence-based resources: **We track guest needs every night through the electronic registration form, and have weekly meetings between staff and director to discuss guest progress. This year alone, 9 guests sought treatment.**

Describe the anticipated annual outcomes of the program, including metrics to be gathered and monitored: **Our goal is to successfully enroll all guests wanting treatment in a local recovery program.**

Describe the organization's capacity, experience and readiness, including key personnel qualifications: **Our monitors have education and experience in addiction identification, recovery practices and are connected to local recovery agencies (PARS and Hope Valley Recovery)**

Describe how grant activities will be monitored for meeting program requirements, including staff roles: **Director and staff meet weekly to discuss guest needs and progress. Forms are used for tracking success.**

Describe how the grant will be monitored for meeting fiscal requirements: **By the director who is responsible for all budget spending.**

Describe how the project will be sustained beyond the period for which funding is requested: **By other grants and donations.**

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 Alice J. Chester
Title Director
Date 8/20/26

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 24 2019**

HOPE HOUSE OF PICKAWAY COUNTY
C/O PROGRAM COORDINATOR
2146 NORTH COURT ST
CIRCLEVILLE, OH 43113-0000

Employer Identification Number:
83-4152834
DLN:
26053488001759
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 18, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.