

2026-2027 Overdose Prevention Supplies Application

The Overdose Prevention Supplies Program provides overdose prevention supplies at no cost to eligible agencies for free distribution to people at risk of experiencing a drug overdose. This program provides three formulations of naloxone, an opioid overdose reversal medication, and drug checking technologies.

The Division of Care and Treatment Services is allocating funding from SAMHSA's State Opioid Response Grant and state government's share of opioid settlement funds to supporting the Overdose Prevention Supplies Program.

The Overdose Prevention Supplies Program is open to eligible agencies interested in distributing naloxone and/or drug checking technologies throughout their community. Participating agencies will be expected to train individuals on how to effectively use naloxone and drug checking technologies and are encouraged to strategically partner with other community agencies to expand supply distribution.

Eligible agencies

- Wisconsin community recovery organization: a nonprofit organization located in Wisconsin providing recovery support services to Wisconsin residents and is governed by a structured body of individuals who have experienced substance use challenges and recovery. Agencies may be required to submit verification that their agency is governed by this type of structured body.
- Wisconsin-based county human services department
- Wisconsin-based county or municipal health department
- Syringe services programs located in and serving people in Wisconsin
- Tribal health clinics in Wisconsin
- Wisconsin law enforcement agency: Tribal nation law enforcement agencies, municipal law enforcement agencies (city, town, village), county sheriff offices, state law enforcement agencies (State Patrol, Wisconsin State Capitol Police Department, etc.)
- Agencies providing emergency medical services located in and serving people in Wisconsin as an emergency medical responder service provider, non-transporting EMS provider, or ambulance service provider as defined by Wis. Admin. Code § DHS 110.04(25)

The Overdose Prevention Supplies Program provides agencies with training and technical assistance to ensure best practices and effective strategies for distribution of supplies are used.

Monthly naloxone train-the-trainer and monthly drug checking technology train-the-trainer events are hosted. These training opportunities are designed to educate participants on topics related to the overdose environment in Wisconsin, overdose prevention, how to administer naloxone, and how to use test strips. Agencies participating in this program are required to ensure at least one staff member complete the train-the-trainer training for the supplies the agency receives. Agencies will have access to the presentation materials and can use them to train others. Trainings dates and times are posted on the DHS website

Individual technical assistance and participation in communities of practice are available to participating agencies.

Applicants may request naloxone only, drug checking technologies only, or both supplies.

Only request the amount of supplies your agency plans to distribute through September 2027.

Application timeline

- October 25, 2026: Applications due
- November 5, 2026: Applications reviewed and approved agencies contacted
- November 2026 - September 2027: Approved agencies submit monthly distribution reports to DHS

Send questions about the 2026-2027 Overdose Prevention Supplies Program to DHSDCTSODPREVENTION@dhs.wisconsin.gov.

1. Select the option that best describes the applicant agency*

- ☐ Wisconsin community recovery organization: a nonprofit organization located in Wisconsin providing recovery support services to Wisconsin residents and is governed by a structured body of individuals who have experienced substance use challenges and recovery. Agencies may be required to submit verification that their agency is governed by this type of structured body.
- ☐ Wisconsin-based county human services department
- ☐ Wisconsin-based county or municipal health department
- ☐ Syringe services program (located in and serving people in Wisconsin)
- ☐ Wisconsin-based Tribal health clinic
- ☐ Wisconsin law enforcement agency: Tribal nation law enforcement agencies, municipal law enforcement agencies (city, town, village), county sheriff offices, state law enforcement agencies (State Patrol, Wisconsin State Capitol Police Department, etc.)
- ☐ Agency providing emergency medical services located in and serving people in Wisconsin as an emergency medical responder service provider, non-transporting EMS provider, or ambulance service provider as defined by Wis. Admin. Code § DHS 110.04(25)

Community-Based Organization Application

Page description:

Program requirements

- Prioritize distribution of supplies to people at risk for an overdose or those likely to witness an overdose.
- Ensure staff and volunteers distributing naloxone (if receiving naloxone) attend a DHS naloxone train-the-trainer session.
- Ensure staff and volunteers distributing drug checking technologies (if receiving drug checking technologies) attend a DHS drug checking train-the-trainer session.
- Participate in technical assistance and regular check-in meetings with DHS.
- Provide timely updates to DHS on changes to naloxone/drug checking technologies distribution strategies or naloxone/drug checking technology access points available in the community.
- Track and submit monthly reports via survey system on program related data through September 2027.

- Agree that drug checking supplies will be distributed to community members and not used for urine drug analysis.

Failure to comply with program requirements will impact eligibility for future funding opportunities.

The 2026-2027 Overdose Prevention Supplies Program application **requires** applicants to provide an inventory of all publicly accessible naloxone and/or drug checking technology distribution points in your community through a spreadsheet created by DHS. This spreadsheet must be completed and submitted as part of the application. DHS will not consider incomplete applications for award.

[Download the DHS naloxone/drug checking technology distribution point spreadsheet \(Excel\)](#)

Prepare the following information before continuing with this application

- Contact information and shipping address(es) for your agency
- Completed [DHS naloxone/drug checking technology distribution point spreadsheet \(Excel\)](#) of publicly accessible distribution points
- Three goals (initiatives or actions) your agency will take to expand, strengthen, or diversify the distribution of overdose prevention supplies

[See a copy of all questions in this application \(PDF\)](#)

Naloxone available through this program:

Nasal, 3 mg naloxone

- Two doses per kit
- 24 kits per case (48 doses)
- Kit dimensions: 1.063" L x 6.125" W x 3.625" H

Nasal, 4 mg naloxone

- Two doses per kit
- 12 kits per case (24 doses)
- Kit dimensions: 9.28" L x 2.39" W x 5.61" H

Intramuscular, 0.4 mg/1 ml naloxone

- Two doses per kit with two IM syringes
- **25 kits per case (50 doses) **Change from 2025-2026
- Kit dimensions: 7" W x 6" H x 0.25" D

Test strip definitions

Test strip **cases** contain 100 fentanyl or xylazine test strips

Test strip **kits** contain each of the following items packaged together in one plastic zip bag:

- 3 fentanyl/xylazine test strips with 10 mg scoop
- 3 mixing cups
- 3 vials of sterile water

All drug checking technologies will be a one-time shipment. Naloxone orders can be placed as needed throughout the year.

2. Name of agency submitting application *

3. Provide a shipping street address (No PO boxes) *

4. Provide the city of the shipping address. *

5. Provide the ZIP code for the shipping address. *

6. Select the name of the Tribal nation or county where the naloxone will be shipped: *

Bad River Band of Lake Superior Chippewa
Forest County Potawatomi Community
Ho-Chunk Nation
Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
Lac du Flambeau Band of Lake Superior Chippewa Indians



Menominee Indian Tribe of Wisconsin
Oneida Tribe of Indians of Wisconsin
Red Cliff Band of Lake Superior Chippewa
Sokaogon Chippewa Community
St Croix Chippewa Indians of Wisconsin
Stockbridge-Munsee Community
Adams County
Ashland County
Barron County
Bayfield County
Brown County
Buffalo County
Burnett County
Calumet County
Chippewa County
Clark County
Columbia County
Crawford County
Dane County
Dodge County
Door County
Douglas County
Dunn County
Eau Claire County
Florence County
Fond du Lac County
Forest County
Grant County
Green County
Green Lake County
Iowa County
Iron County
Jackson County
Jefferson County
Juneau County
Kenosha County
Kewaunee County
La Crosse County
Lafayette County
Langlade County
Lincoln County
Manitowoc County
Marathon County
Marinette County
Marquette County
Menominee County
Milwaukee County
Monroe County
Oconto County
Oneida County
Outagamie County
Ozaukee County
Pepin County

Pierce County
Polk County
Portage County
Price County
Racine County
Richland County
Rock County
Rusk County
St. Croix County
Sauk County
Sawyer County
Shawano County
Sheboygan County
Taylor County
Trempealeau County
Vernon County
Vilas County
Walworth County
Washburn County
Washington County
Waukesha County
Waupaca County
Waushara County
Winnebago County
Wood County



7. Does the applying agency intend to ship supplies to an additional or satellite address? *

- ☐ Yes
- ☐ No

8. Provide the additional/satellite location street address. *

9. Provide the city for the additional shipping address. *

10. Provide the ZIP code for the additional shipping address.*

11. Provide the first and last name of the primary contact for ordering.*

12. Provide the email address for the primary contact for ordering.

*

13. Provide the phone number for the primary contact for ordering. Enter numbers only, no dashes or other characters. *

14. Is the reporting contact person the same person responsible for placing orders? *

☐ Yes

☐ No

15. Provide the first and last name of the primary contact for reporting.*

16. Provide the email address for the primary contact for reporting.

*

17. Provide the phone number for the primary contact for reporting. Enter numbers only, no dashes or other characters. *

18. New for 2026-2027

The Department of Health Services and Department of Public Instruction are often contacted by schools/school districts interested in overdose prevention training and obtaining naloxone.

If a school or a school district in the Tribal nation or the county your agency is located in (based on your delivery address) is interested in obtaining overdose prevention training and supplies, can we provide your agency's contact information as the local subject matter expert and possible resource for their efforts?

This does not obligate you to provide any training or any supplies to the school or school district.

DHS will provide technical assistance to all program participants regarding considerations when equipping schools with overdose prevention supplies.

*

- ☐ Yes, I would be willing to meet with a school/school district regarding their overdose prevention efforts.
- ☐ No, I would not be willing to meet with a school/school district regarding their overdose prevention efforts.

Supply Request

Naloxone, test strips, and test strip kits

19. How much naloxone are you requesting to distribute through September 29, 2027?

There is no limit to the number of cases that can be requested. Final awards will be based on available funding and reasonableness of the request for the agency's service area.

Enter zero in the number of cases column if none of the product is wanted. *

3 mg nasal naloxone (1 case contains 24 kits, 2 doses per kit, a total of 48 doses)

4 mg nasal naloxone (1 case contains 12 kits, 2 doses per kit, a total of 24 doses)

0.4 mg/ 1mL intramuscular naloxone (1 case contains 25 kits, 2 doses per kit with 2 IM syringes, a total of 50 doses and 50 IM syringes)

20. How many fentanyl test strip kits is your agency requesting? (One kit includes: 3 fentanyl test strips with 10 mg scoop, 3 mixing cups, 3 vials of sterile water) *

Enter zero if none of this product is wanted.

21. How many cases of fentanyl test strips is your agency requesting? (Each case contains 100 individually wrapped test strips.) *

Enter zero if none of this product is wanted.

22. How many xylazine test strip kits is your agency requesting? (One kit includes: 3 xylazine test strips with 10 mg scoops, 3 mixing cups, 3 vials of sterile water) *

Enter zero if none of this product is wanted.

23. How many cases of xylazine test strips is your agency requesting? (Each case contains 100 individually wrapped test strips.) *

Enter zero if none of this product is wanted.

24. The 2026-2027 Overdose Prevention Supplies Program application **requires** applicants to provide an inventory of all publicly accessible naloxone and/or drug checking technology distribution points in your community through a spreadsheet created by DHS. This spreadsheet must be completed and submitted as part of the application. DHS will not consider incomplete applications for award. Download the DHS naloxone/drug checking technology distribution point spreadsheet (Excel) *

Browse...

25. People receiving overdose prevention supplies should also receive information on resources to ensure they do not use drugs alone. These resources may include information on the Never Use Alone overdose prevention hotline, SafeSpot overdose prevention helpline, and the Brave overdose detection app.

Select the option below that applies to the applying agency. The answer to this question will not impact the agency's application. This information is being collected to inform opportunities for education and training.

*

- ☐ This information is always provided.
- ☐ This information is sometimes provided.
- ☐ This information is never provided.

2026-2027 Overdose Prevention Supply Action Plan

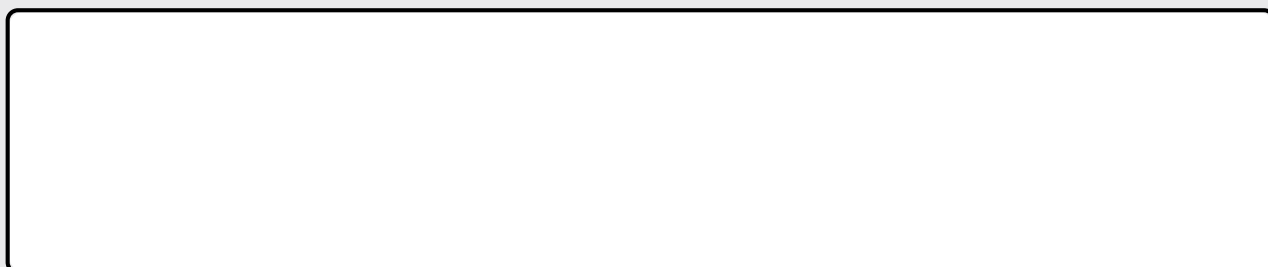
Identify three goals (initiatives or actions) your organization will take to expand, strengthen, diversify the distribution of overdose prevention supplies.

26. Identify goal one – an initiative or action your organization will take to expand, strengthen, or diversify the distribution of overdose prevention supplies. *

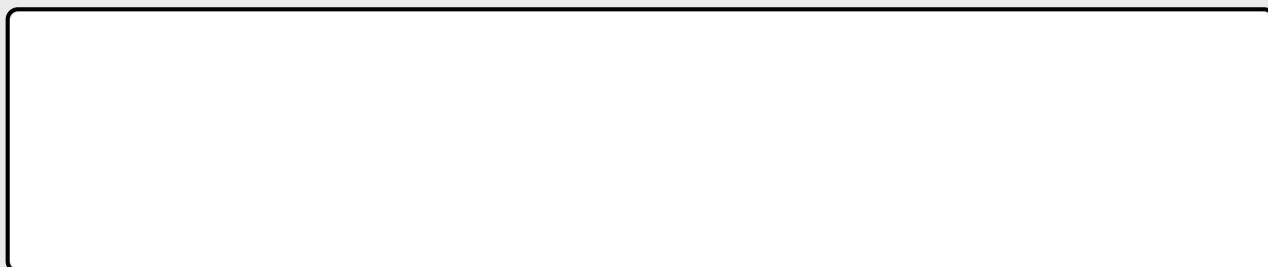
27. Identify the people and partnerships that will be involved and what role they will have in implementation. *



28. Mark out a timeline for implementing the action, including short, medium, and long-term milestones. *



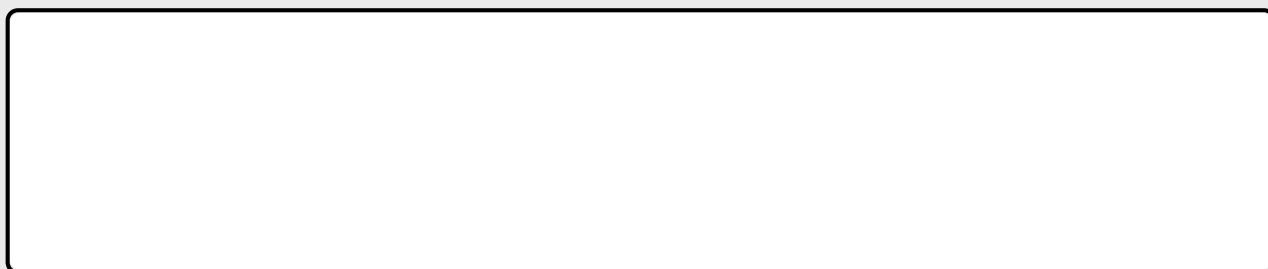
29. Identify goal two – an initiative or action your organization will take to expand, strengthen, or diversify the distribution of overdose prevention supplies. *



30. Identify the people and partnerships that will be involved and what role they will have in implementation. *



31. Mark out a timeline for implementing the action, including short, medium, and long-term milestones. *



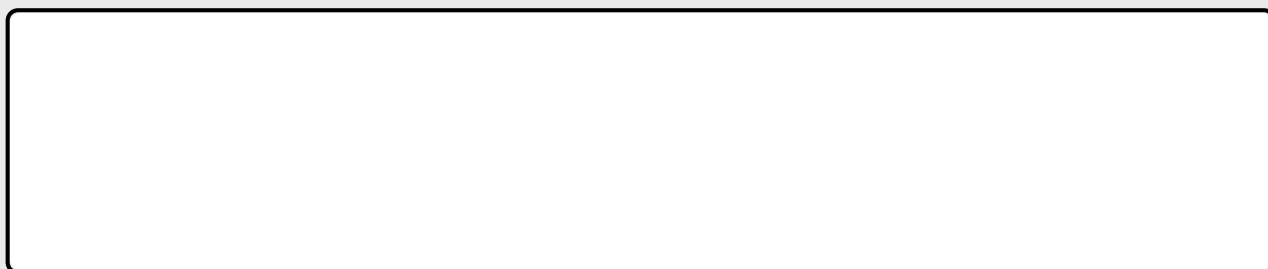
32. Identify goal three – an initiative or action your organization will take to expand, strengthen, or diversify the distribution of overdose prevention supplies. *



33. Identify the people and partnerships that will be involved and what role they will have in implementation. *



34. Mark out a timeline for implementing the action, including short, medium, and long-term milestones. *



35. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the boxes** to affirm the statements listed.

*

The link opens in a new window.

- ☐ We read and agree to the program requirements of the Overdose Prevention Supplies Program outlined within this application and the [DHS Terms and Conditions: Overdose Prevention Supplies](#).

36. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the box** to affirm the statement listed.

*

The link opens in a new window.

- ☐ We read and agree to Appendix II to Part 200 of the [Code of Federal Regulations](#).

37. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the box** to affirm the statement listed.

*

The link opens in a new window.

- ☐ We read and agree to the [State Standard Terms and Conditions](#), DOA-3054A

38. I confirm that I understand the requirements and expectations of this program. The applicant agency will comply with the terms of the application, including submitting monthly outcome reports and having at least one staff person attend the train-the-trainer training. The agency head has signed off on this application. *

First and last name of the
person submitting this
application

39. Email address of the person submitting this application. *

Overdose prevention supplies available through this program for law enforcement agencies:

Nasal naloxone (4 mg)

- Two doses per kit
- 12 kits per case (24 doses)
- Kit dimensions: 9.28" L x 2.39" W x 5.61" H

Drug checking test strip kit

Each kit contains each of the following items packaged together in a plastic zip bag:

- 3 fentanyl or xylazine test strips with 10 mg scoop
- 3 mixing cups
- 3 vials of sterile water

All supplies (naloxone and drug checking technologies) will be provided through a one-time shipment directly to agencies.

Program requirements

- Ensure officers complete appropriate training, examples: naloxone administration through ACADIS, naloxone distribution best practices, use of fentanyl/xylazine test strips, etc.
- Track and submit monthly reports via survey system on program related data through September 2027.
- Agree naloxone is for officer use during an emergency situation or for distribution to community members at risk for an overdose or likely to witness an overdose.
- Agree that drug checking technologies will be distributed to community members and not used for law enforcement activities or urine drug analysis.
- Participate in technical assistance and regular check-in meetings with DHS.
- Provide timely updates to DHS on changes to distribution strategies for overdose prevention supplies.

40. Select the type of agency submitting this application: *

- ☐ Tribal nation law enforcement agency
- ☐ Municipal law enforcement agency (city, town, village)
- ☐ County sheriff's office
- ☐ State law enforcement agency (State Patrol, Wisconsin State Capitol Police Department, etc.)

41. Provide a shipping street address (No PO boxes) *

42. Provide the city for the shipping address. *

43. Provide the ZIP code for the shipping address. *

44. Select the name of the Tribal nation or county where the naloxone will be shipped: *

Bad River Band of Lake Superior Chippewa
Forest County Potawatomi Community
Ho-Chunk Nation
Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
Lac du Flambeau Band of Lake Superior Chippewa Indians
Menominee Indian Tribe of Wisconsin
Oneida Tribe of Indians of Wisconsin
Red Cliff Band of Lake Superior Chippewa
St Croix Chippewa Indians of Wisconsin
Sokaogon Chippewa Community
Stockbridge-Munsee Community
Adams County
Ashland County



Barron County
Bayfield County
Brown County
Buffalo County
Burnett County
Calumet County
Chippewa County
Clark County
Columbia County
Crawford County
Dane County
Dodge County
Door County
Douglas County
Dunn County
Eau Claire County
Florence County
Fond du Lac County
Forest County
Grant County
Green County
Green Lake County
Iowa County
Iron County
Jackson County
Jefferson County
Juneau County
Kenosha County
Kewaunee County
La Crosse County
Lafayette County
Langlade County
Lincoln County
Manitowoc County
Marathon County
Marinette County
Marquette County
Menominee County
Milwaukee County
Monroe County
Oconto County
Oneida County
Outagamie County
Ozaukee County
Pepin County
Pierce County
Polk County
Portage County
Price County
Racine County
Richland County
Rock County
Rusk County

St. Croix County
Sauk County
Sawyer County
Shawano County
Sheboygan County
Taylor County
Trempealeau County
Vernon County
Vilas County
Walworth County
Washburn County
Washington County
Waukesha County
Waupaca County
Waushara County
Winnebago County
Wood County



45. Provide the first and last name of the contact person responsible for reporting requirements. *

46. Provide the email address for the primary contact for reporting requirements. *

47. Provide the phone number for the primary contact for reporting requirements. *

Enter only numbers.

Supply Request

Naloxone and test strip kits

48. How much naloxone are you requesting to distribute through September 29, 2027?

There is no limit to the number of cases that can be requested. Final awards will be based on available funding and reasonableness of the request for the agency's service area.

Enter zero if none of the product is wanted.

*

4 mg nasal naloxone (1 case contains 12 kits, 2 doses per kit-a total of 24 doses)

49. How many fentanyl test strip kits is your agency requesting? (One kit includes: 3 fentanyl test strips with 10 mg scoops included, 3 mixing cups, and 3 vials of sterile water) *

Enter zero if none of this product is wanted.

50. How many xylazine test strip kits is your agency requesting? (One kit includes: 3 xylazine test strips with 10 mg scoops included, 3 mixing cups, and 3 vials of sterile water) *

Enter zero if none of this product is wanted.

51. Does your organization currently distribute overdose prevention supplies from a public health vending machine? *

☐ Yes

☐ No

52. Provide the street address of the vending machine location *

53. Provide the municipality where the vending machine is located. *

54. Provide the ZIP code of the vending machine location. *

55. Hours of availability of public health vending machine *

56. People receiving overdose prevention supplies should also receive information on resources to ensure they do not use drugs alone. These resources may include information on the Never Use Alone overdose prevention hotline, SafeSpot overdose prevention helpline, and the Brave overdose detection app.

Select the option below that applies to the applying agency. The answer to this question will not impact the agency's application. This information is being collected to inform opportunities for education and training.

*

- ☐ This information is always provided.
- ☐ This information is sometimes provided.
- ☐ This information is never provided.

57. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the boxes** to affirm the statements listed. *

Link opens in a new window.

- ☐ We read and agree to the program requirements of the Overdose Prevention Supplies Program outlined within this application and the [DHS Terms and Conditions: Overdose Prevention Supplies](#).

58. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the box** to affirm the statement listed. *

Link opens in a new window.

- ☐ We read and agree to Appendix II to Part 200 of the [Code of Federal Regulations](#).

59. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the box** to affirm the statement listed. *

Link opens in a new window.

☐ We read and agree to the [State Standard Terms and Conditions](#), DOA-3054A

60. I confirm that I understand the requirements and expectations of this program. The applicant agency will comply with the terms of the application, including submitting monthly outcome reports and ensuring officers complete appropriate training. The agency head has signed off on this application. *

First and last name of the person submitting this application

61. Email address of the person submitting this application. *

EMS Application

Overdose prevention supplies available through this program for EMS agencies:

Nasal naloxone (4 mg)

- Two doses per kit
- 12 kits per case (24 doses)
- Kit dimensions: 9.28" L x 2.39" W x 5.61" H

Drug checking test strip kit

Each kit contains each of the following items packaged together in a plastic zip bag:

- 3 fentanyl/xylazine test strips with 10 mg scoops
- 3 mixing cups
- 3 vials of sterile water

All supplies (naloxone and drug checking) will be provided through a one-time shipment directly to agencies.

Program requirements

- Distribute supplies to people at risk for an overdose or those likely to witness an overdose either at the point of care or at the hospital after transport through a Leave Behind Program. Leave behind programs distribute overdose prevention supplies to people who survived an overdose, to people at risk for an overdose, and/or the social networks of the focus populations (friends, family, roommates, etc.).
- Participate in technical assistance and regular check-in meetings with DHS.
- Provide timely updates to DHS on changes to distribution strategies for overdose prevention supplies.
- Track and submit monthly reports via survey system on program related data through September 2027.
- Agree that naloxone and drug checking technologies will be distributed to community members and not used for provision of EMS services or care.

62. Provide a shipping street address (No PO boxes) *

63. Provide the city for the shipping address. *

64. Provide the ZIP code for the shipping address. *

65. Select the name of the Tribal nation or county where the naloxone will be shipped: *

Bad River Band of Lake Superior Chippewa
Forest County Potawatomi Community
Ho-Chunk Nation
Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
Lac du Flambeau Band of Lake Superior Chippewa Indians
Menominee Indian Tribe of Wisconsin
Oneida Tribe of Indians of Wisconsin
Red Cliff Band of Lake Superior Chippewa
St Croix Chippewa Indians of Wisconsin
Sokaogon Chippewa Community
Stockbridge-Munsee Community
Adams County
Ashland County
Barron County
Bayfield County
Brown County
Buffalo County
Burnett County
Calumet County
Chippewa County
Clark County
Columbia County
Crawford County
Dane County
Dodge County
Door County
Douglas County

Dunn County
Eau Claire County
Florence County
Fond du Lac County
Forest County
Grant County
Green County
Green Lake County
Iowa County
Iron County
Jackson County
Jefferson County
Juneau County
Kenosha County
Kewaunee County
La Crosse County
Lafayette County
Langlade County
Lincoln County
Manitowoc County
Marathon County
Marinette County
Marquette County
Menominee County
Milwaukee County
Monroe County
Oconto County
Oneida County
Outagamie County
Ozaukee County
Pepin County
Pierce County
Polk County
Portage County
Price County
Racine County
Richland County
Rock County
Rusk County
St. Croix County
Sauk County
Sawyer County
Shawano County
Sheboygan County
Taylor County
Trempealeau County
Vernon County
Vilas County
Walworth County
Washburn County
Washington County
Waukesha County
Waupaca County
Wausau County

wausnara County
Winnebago County
Wood County



66. Provide the first and last name of the person responsible for placing orders. *

67. Provide the email address of the person responsible for placing orders.*

68. Provide the phone number of the person responsible for placing orders.*
Enter numbers only.

69. Provide the first and last name of the primary contact for reporting requirements. *

70. Provide the email address for the primary contact for reporting requirements. *

71. Provide the phone number for the primary contact for reporting requirements. *

Enter numbers only, no dashes or other characters.

Supply Request

Naloxone and test strip kits

72. How much naloxone are you requesting to distribute through September 29, 2027?

There is no limit to the number of cases that can be requested. Final awards will be based on available funding and reasonableness of the request for the agency's service area.

Enter zero if none of the product is wanted.

*

4 mg nasal naloxone (1 case contains 12 kits, 2 doses per kit-a total of 24 doses)

73. How many fentanyl test strip kits is your agency requesting? (One kit includes: 3 fentanyl test strips with 10 mg scoop included, 3 mixing cups, and 3 vials of sterile water) *

Enter zero if none of this product is wanted.

74.

How many xylazine test strip kits is your agency requesting? (One kit includes: 3 fentanyl test strips with 10 mg scoops included, 3 mixing cups, and 3 vials of sterile water)

*

Enter zero if none of this product is wanted.

75. Does your organization currently distribute overdose prevention supplies from a public health vending machine? *

☐ Yes

☐ No

76. Provide the street address of the vending machine location *

77. Provide the municipality where the vending machine is located *

78. Provide the ZIP code for the vending machine location. *

79. Hours of availability for the vending machine: *

80. People receiving overdose prevention supplies should also receive information on resources to ensure they do not use drugs alone. These resources may include information on the Never Use Alone overdose prevention hotline, SafeSpot overdose prevention helpline, and the Brave overdose detection app.

Select the option below that applies to the applying agency. The answer to this question will not impact the agency's application. This information is being collected to inform opportunities for education and training.

*

- ☐ This information is always provided.
- ☐ This information is sometimes provided.
- ☐ This information is never provided.

81. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the boxes** to affirm the statements listed. *

The link opens in a new window.

- ☐ We read and agree to the program requirements of the Overdose Prevention Supplies Program outlined within this application and the [DHS Terms and Conditions: Overdose Prevention Supplies](#).

82. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the box** to affirm the statement listed.

*

The link opens in a new window.

- ☐ We read and agree to Appendix II to Part 200 of the [Code of Federal Regulations](#).

83. Participating agencies must follow certain **terms and conditions**.

Review the information below and **check the box** to affirm the statement listed.

*

The link opens in a new window.

- ☐ We read and agree to the [State Standard Terms and Conditions](#), DOA-3054A

84. I confirm that I understand the requirements and expectations of this program. The applicant agency will comply with the terms of the application, including submitting monthly outcome reports. The agency head has signed off on this application. *

First and last name of the person submitting this application

85. Email address for person submitting this application. *

Thank You!

Your application has been submitted.

You may be interested in the following resources on the DHS website:

- Substance Use: Drug Checking Technologies
- Substance Use: Naloxone
- Opioids
- Real Talks Wisconsin: Change the Conversation on Substance Use
- Small Talks: Youth Substance Use Prevention

Join us at the 2027 Wisconsin Substance Use Summit, May 5-6, in the Wisconsin Dells.