

OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

NOTE: PLEASE COMPLETE THIS FORM USING EITHER ADOBE ACROBAT PRO OR READER

NAME OF ENTITY: ~~Chubbock County~~ Chubbock City

NAME OF OFFICIAL FILLING OUT REPORT: Rich Morgan

PHONE NUMBER: (208) 242-8412

EMAIL ADDRESS: rmorgan@cityofchubbock.us

OPIOID SETTLEMENT FUNDS BALANCE AT BEGINING OF FY 22 : \$0.00

OPIOID SETTLEMENT FUNDS RECEIVED IN FY 22 : \$7,259.39

TOTAL OPIOID SETTLEMENT FUND EXEPNDITURES IN FY 22 : \$6,332.23

OPIOID SETTLEMENT FUND BALANCE AT END OF FY 22 : \$937.16

ITEMIZATION OF PAYMENTS RECEIVED:

Payment Date	Payment Amount	Source of Payment
06/30/2022	\$7,259.39	Opioid Settlement Trust

TOTAL: \$7,259.39

ITEMIZATION OF EXPENDITURES:

**List of approved uses with section and subsections available [here](#)*

Approved Use Section	Approved Use Subsection	Description of Use	Amount Expended
G <input type="checkbox"/>	<u>9</u> <input type="checkbox"/>	Fund school based programs or strategies that have d	\$6,332.23

TOTAL: \$6,332.23

By signing below I warrant that all information provided in this form is true and correct; that all opioid settlement funds expended by the above entity have been expended on approved uses as provided in Exhibit A to the Idaho Opioid Settlement Intrastate Allocation Agreement linked to above and included on this form; and that I have the necessary authority to sign and submit this form on behalf of the above entity.

SIGNATURE: RMorgan DATE: 9-22-22