

OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

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

NAME OF ENTITY: Caldwell City

NAME OF OFFICIAL FILLING OUT REPORT: Rachelle Castleberry

PHONE NUMBER: (208) 455-4648

EMAIL ADDRESS: rcastleberry@cityofcaldwell.org

OPIOID SETTLEMENT FUNDS BALANCE AT BEGINING OF FY 23 : \$17,929.15

OPIOID SETTLEMENT FUNDS RECEIVED IN FY 23 : \$94,816.14

TOTAL OPIOID SETTLEMENT FUND EXEPNDITURES IN FY 23 : \$86,800.00

OPIOID SETTLEMENT FUND BALANCE AT END OF FY 23 : \$25,945.29

ITEMIZATION OF PAYMENTS RECEIVED:

Payment Date	Payment Amount	Source of Payment
10/07/2022	\$18,842.66	Check# 16953
10/25/2022	\$72,373.39	Check# 17365
02/08/2023	\$3,600.09	Check# 20304

TOTAL: \$94,816.14

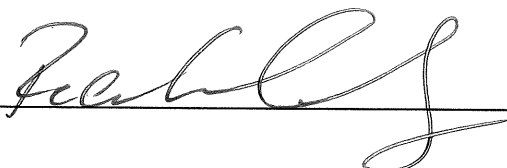
ITEMIZATION OF EXPENDITURES:

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

Approved Use Section	Approved Use Subsection	Description of Use	Amount Expended
C <input type="checkbox"/>	B <input type="checkbox"/>	Support Renovations to SWDH Youth Crises Center	\$70,000.00
I <input type="checkbox"/>	2 <input type="checkbox"/>	Education to first reponders on trauma related to opi	\$16,800.00
	<input type="checkbox"/>		
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TOTAL: \$86,800.00

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:  **DATE:** 7/17/23