

**OPIOID SETTLEMENT FUND
2024 FISCAL YEAR FINANCIAL REPORT**

NOTE: PLEASE FIRST REVIEW THE ANNUAL REPORT'S [INSTRUCTION SHEET](#), DOWNLOAD AND SAVE THE FORM, THEN COMPLETE THIS FORM USING EITHER [ADOBE ACROBAT PRO](#) OR [READER](#)

NAME OF ENTITY: _____

NAME & TITLE OF PERSON FILLING OUT REPORT: _____

EMAIL: _____

PHONE NUMBER: _____

Should all future opioid-related correspondence go to you? Yes ☐ No ☐

NAME & TITLE: _____

EMAIL: _____

INFORMATION ABOUT PAYMENTS THE SUBDIVISION RECEIVED *(All information required)*

Funds balance at end of FY 2023 (July 1, 2022-June 30, 2023):	\$
Settlement funds received in FY 2024 (July 1, 2023-June 30, 2024):	\$
Settlement funds expended in FY 2024 (July 1, 2023-June 30 2024):	\$
Settlement funds balance at end of FY 2024 (June 30, 2024):	\$

DETAILS ABOUT FUNDS RECEIVED DURING THE FISCAL YEAR *(All information required)*

Payment Date	Payment Amount	Source of Payment
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Total Amount Received: \$ _____

INFORMATION ABOUT FUNDS EXPENDED ON APPROVED USES ([EXHIBIT A](#)) *(All information required) (Please attach additional pages if needed)*

Approved Use Section	Approved Use Subsection	Payment Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Amount Expended: \$ _____

I uploaded copies of the subdivision's budget sections or resolution(s) that support the subdivision's disbursements. Yes ☐ No ☐

Add Attachments, *one at a time*: **ADD ATTACHMENT**

If "No," explain why the required documents are not attached:

I uploaded copies of other supporting records that the subdivision wants the Attorney General's Office and public to review. Yes ☐ No ☐

Add Attachments, *one at a time*: **ADD ATTACHMENT**

PUBLIC RECORDS ACT NOTICE

This report and all uploaded documents are public records and will be published on the Attorney General's website at ag.idaho.gov. The Attorney General also will provide a copy of the report and all uploaded documents to the opioid settlement administrator and anyone who submits a public record request.

ACKNOWLEDGEMENTS

By typing my name below, I warrant that: (a) all information provided in this report is true and correct, (b) all opioid settlement funds expended by the subdivision were expended on approved uses as provided in [Exhibit A](#), and (c) I have the necessary authority to sign and submit this report on behalf of the subdivision.

SIGNATURE - *type name here*: _____

DATE: _____

SUBMIT

BOISE COUNTY OPIOID SETTLEMENT FUNDS – REQUEST FOR FUNDING

Applicant Name: Amanda Leader

Agency Affiliation: Boise County

Email address: aleader@co.boise.id.us

Date of Request: 11/9/23

Details of expenditure request: I am making a request to purchase Naloxone as I am able to over-the-counter to replenish first responder supply due to recent overdoses.

Which of the Approved Opioid Abatement Strategies included in Exhibit A is this request being made:

H. Prevent overdose deaths and other harms (harm reduction)

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

Is this a request for reimbursement? ☒ Yes ☐ No

*The county credit card was used to make these purchases.

Itemized Costs (include a brief description for each):

Requested Funds:

1. Albertson's, 1 box

\$30.94

2. Rite Aid, 5 boxes

\$238.45

3. Amazon, 10 boxes

\$449.90

4. Walgreen's, 2 boxes

\$89.98

Total Amount Requested:

~~\$809.23~~ \$809.27

Applicants: Please send completed requests to the opioid settlement workgroup within 10 days. All funds must be spent on opioid remediation strategies. Funds should not be considered approved until a county representative has signed the Request For Funding form. Reimbursement requests that are not delivered to Boise County in a timely manner may be declined. Applicants must agree to report to the opioid settlement workgroup in-person if requested.

Signature

A Leader

Date

12/2/23

The section below is for Opioid Settlement Workgroup use only

Date request received by the opioid settlement workgroup: 11/10/23

Date request reviewed by the opioid settlement workgroup: 11/10/23

Approved: ☒ Yes

☐ No

☐ Yes, but with the following special conditions:

☐ Not approved at this time for the following reasons:

Additional conditions or requirements for funding per opioid settlement workgroup (if any):

Opioid Settlement Workgroup Approval Signature: Approved by email on 11/10/23

Mary Price

Date

11/10/23