

**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

Budget

Description	2024	
GL Account Type: Expenses / Expenditure	(102,062.21)	
Base Wage	64,334.40	
Benefits: Dental	1,130.52	
401K 457 Match	1,029.35	
Benefits: Medical	15,852.00	
Benefits: Vision	210.60	
Benefits: Life	96.00	
Benefits: LTD	240.00	
Benefits: STD	144.00	
Workers Comp 881000 - Clerical Office Employees NOC	96.50	
Cost of Living Adjustment - General Employees	1,608.36	
Vacation Buyback - General Employee	676.74	
OT - Police Community Service General Employees	3,000.00	
Police - Clothing Allowance General Employee	300.00	
Benefits: EAP	40.56	
Medicare Tax	1,024.41	
Social Security Tax	4,380.23	
PERSI	7,898.54	

Select a cell to view its value.

					Super GL Category ↑	Fund	Department	Division ↑	GL Account	2024	
					Type to filter	Type to filter	Type to filter	2110	34110	Type to filter	
Super GL Category: Revenues											481,257.00
					Revenues	01 - General Fund	2100 - Police	<u>2110 - Police Admin</u>	34110 - Court Revenue		481,257.00