

**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

Southeastern Idaho Public Health

FY 2024 Opioid Settlement Fund Budget & Use 7/1/2023-6/30/2024

	FY 2024 ADJUSTED BUDGET 27-Sep-24 (1)	FY 2024 ORIGINAL BUDGET (2)	FY 2024 ACTUAL 1/0/1900 (3)	Amount Over/ (Under) Budget (4)	Actual as a % of Budget (5)
TOTAL OPIOID SETTLEMENT					
				Benchmarks:	
				% of year elapsed:	0.0%
				% of personnel elapsed:	0.0%
EXPENDITURES	380,840	322,840	0	(380,840)	0.0%
Personnel	249,336	191,336	0	(249,336)	0.0%
Operating	131,504	131,504	0	(131,504)	0.0%
Capital Outlay	0	0	0		#DIV/0!
REVENUE	182,748	182,748	0	(182,748)	0.0%
Opioid Settlement Collections	177,748	177,748	0	(177,748)	0.0%
Fees for Service	5,000	5,000	0	(5,000)	0.0%
DISTRICT FUNDS	198,092	140,092	0	(198,092)	0.0%
Use of Opioid Restricted Funds (Previous Years Unused Funds)	198,092	140,092	0	(198,092)	

Column 1 - Adjusted Budget

Changes Approved by Board of Health:

2/8/2024 - Increase Personnel Budget by \$58,000

Column 2 - Original Budget

Approved as Part of Total SIPH Budget at Budget Hearing on 5/18/2023