

**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