

Indiana Opioid Settlement Fund Reporting Form Instructions

This guide offers essential instructions for completing the Indiana Opioid Settlement Fund Reporting Form, ensuring users can navigate the process efficiently. By following the detailed steps, individuals can accurately report necessary information, which is crucial for accountability and transparency in handling opioid settlement funds.

The reporting period for this year is July 1, 2024 - June 30, 2025.

If you need assistance, please contact us at: inopioidsettlement.us@egis-group.com

Accessing the Form

1

Compile all necessary information and have it readily available prior to starting the form.



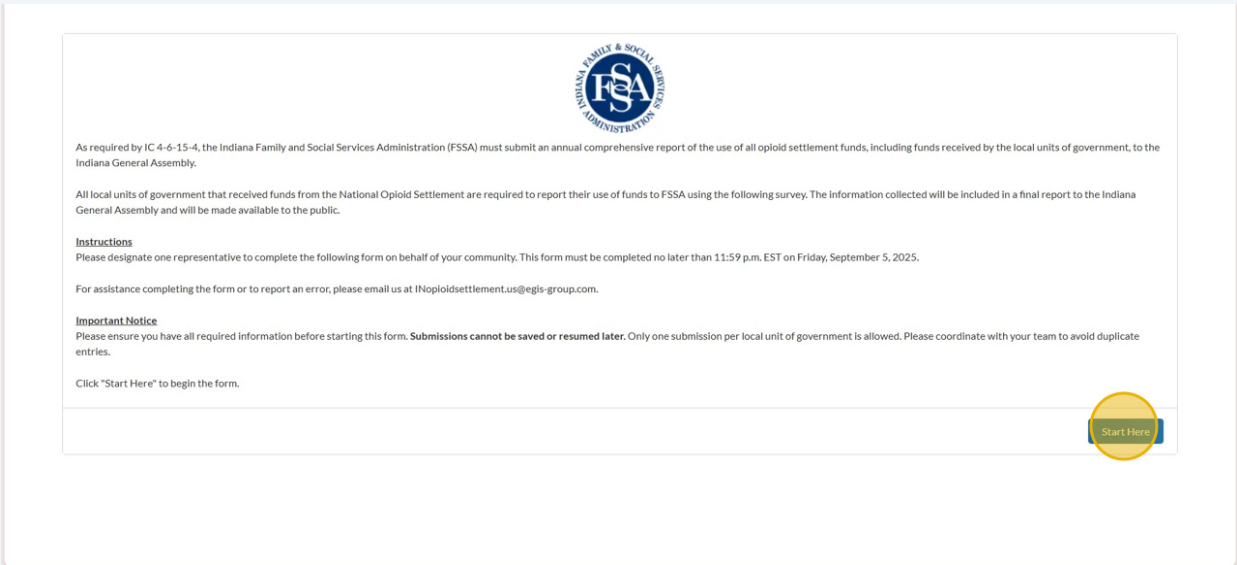
Alert! Progress cannot be saved. Once you begin the form, you must complete and submit it in one session.

2

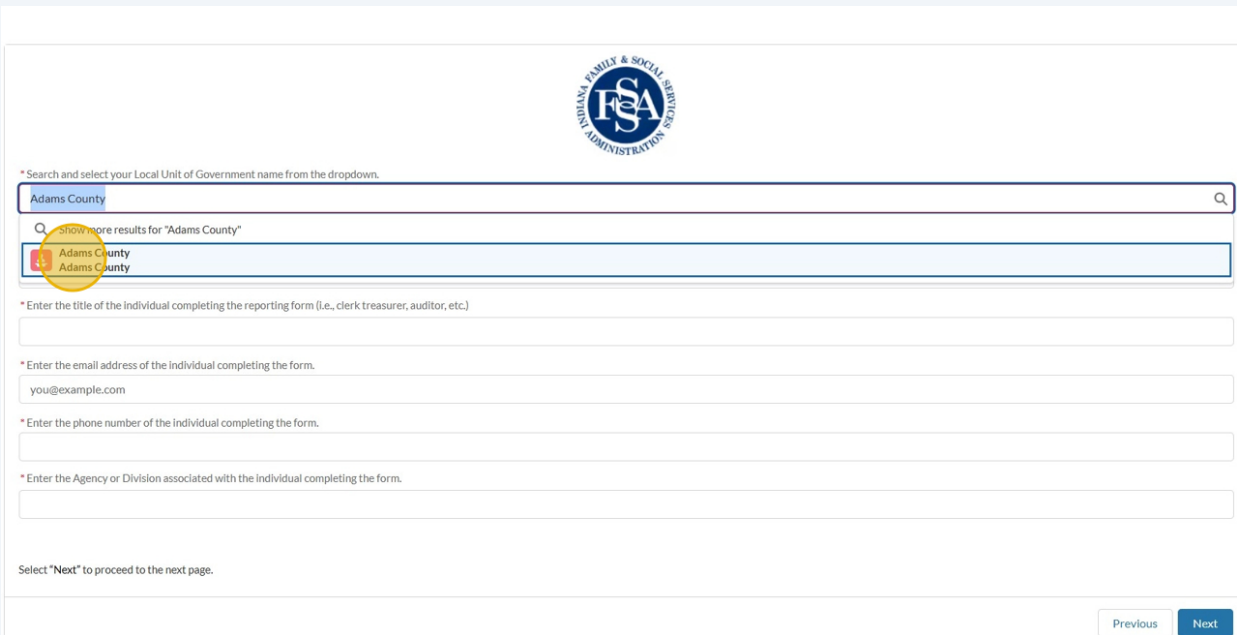
Access the form using the following website:
<https://sondhisolutions.my.site.com/opioidsettlementreporting/s/>

Starting the Form

3 Click "Start Here" to begin the form



4 Use the drop-down menu to find and select your Local Unit of Government name



Tip! If you're unsure how your local unit of government is listed in the reporting form, refer to the **LUG Reporting Form Names** document included in the email with the reporting form link.

5 Enter the following details for the individual completing the form:

- **Full Name:** First and last name of the person completing the report
- **Title:** Official title (e.g., Clerk Treasurer, Auditor)
- **Email Address:** A valid email address for follow-up communication
- **Phone Number:** Direct phone number, including area code
- **Agency/Division:** The agency or division the individual represents

The screenshot shows the FSA reporting form with the following fields and content:

- Search and select your Local Unit of Government name from the dropdown. (Dropdown menu)
- Test Record (Dropdown menu)
- Enter the name of the individual completing the reporting form. (Empty text box)
- Enter the title of the Individual completing the reporting form (i.e., clerk treasurer, auditor, etc.) (Empty text box)
- Enter the email address of the individual completing the form. (Text box containing "you@example.com")
- Enter the phone number of the individual completing the form. (Empty text box)
- Enter the Agency or Division associated with the individual completing the form. (Empty text box)

Buttons: Previous, Next

6 Click "Next"

The screenshot shows the FSA reporting form with the following fields and content:

- Search and select your Local Unit of Government name from the dropdown. (Dropdown menu)
- Test Record (Dropdown menu)
- Enter the name of the individual completing the reporting form. (Text box containing "John Doe")
- Enter the title of the Individual completing the reporting form (i.e., clerk treasurer, auditor, etc.) (Text box containing "Treasurer")
- Enter the email address of the individual completing the form. (Empty text box)
- Enter the phone number of the individual completing the form. (Text box containing "1234567890")
- Enter the Agency or Division associated with the individual completing the form. (Text box containing "Agency")

Buttons: Previous, Next (highlighted in a yellow circle)

Total Funding Amount



Verify the pre-populated funding amount:

- **Yes:** Select this if the amount shown is correct
- **No:** Select this if the amount is incorrect and you will be prompted to enter the correct amount manually

The Total Amount of Funding Received to Date is a pre-populated figure based on the Local Unit of Government Name identified on the previous page. This is a cumulative number that represents total funding received since the first distribution of funds in 2022.

If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount of Funding Received to Date:
\$50,000.00

Please verify if the amount is correct. (Select one: "Yes" or "No")

--None--
--None--
Yes
No

Enter the name and title of the elected officials who approved the spending plan or expenditure

Note: Information icons are located within the form to provide additional information.

Select "Next" to proceed to the next page.

Previous Next



Alert! The Total Amount Received to Date is pre-populated based on the Local Unit of Government selected at the beginning of the form.

The amount shown reflects all payments received through June 30, 2025. Any payments received after June 30, 2025, are not included in this figure.


Only report a discrepancy if the pre-populated amount does not match the total funds received as of June 30, 2025. If your account shows a higher total, please subtract any additional payments received after June 30, 2025, before verifying.

8

Enter the **name** and **title** of the elected officials who approved the spending plan or expenditure.

Examples include: Commissioners, Mayor, City or County Council, Town Board, Town Manager, Clerk Treasurer, Auditor, etc.


If no spending plan has been adopted, enter **N/A**.



The Total Amount of Funding Received to Date is a pre-populated figure based on the Local Unit of Government Name identified on the previous page. This is a cumulative number that represents total funding received since the first distribution of funds in 2022.


If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount of Funding Received to Date:
\$50,000.00

Please verify if the amount is correct (Select one: "Yes" or "No") 

Yes

Reporting Time Period
July 1, 2024 - June 30, 2025

Enter the name and title of the elected officials who approved the spending plan or expenditure 


Note: Information icons are located within the form to provide additional information.

Select "Next" to proceed to the next page.

Previous Next

9


Click "Next"



The Total Amount of Funding Received to Date is a pre-populated figure based on the Local Unit of Government Name identified on the previous page. This is a cumulative number that represents total funding received since the first distribution of funds in 2022.


If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount of Funding Received to Date:
\$50,000.00

Please verify if the amount is correct (Select one: "Yes" or "No") 

Yes

Reporting Time Period
July 1, 2024 - June 30, 2025

Enter the name and title of the elected officials who approved the spending plan or expenditure 

N/A

Note: Information icons are located within the form to provide additional information.

Select "Next" to proceed to the next page.

Previous Next

Restricted Funds

10 Verify the total amount received to date for **restricted funds**:

- **Yes:** Select if the pre-populated amount is correct.
- **No:** Select if the amount is incorrect. You will be prompted to enter the correct amount manually.

The Total Amount Received to Date for Restricted Funds-SBOA Fund 1237 is a pre-populated figure based on the Local Unit of Government Name identified within Step 2. This is a cumulative number that represents the total amount of restricted funds received since the first distribution of funds in 2022.

If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount Received to Date for Restricted Funds - SBOA Fund 1237:
\$25,000.00

Please verify if the amount is correct (Select one: "Yes" or "No") ⓘ

--None--
--None--
Yes
No

Note: Information icons are located within the form to provide additional information.
Select "Next" to proceed to the next page.

Previous Next

Alert! The Total Amount Received to Date is pre-populated based on the Local Unit of Government selected at the beginning of the form.

The amount shown reflects all payments received through June 30, 2025. Any payments received after June 30, 2025, are not included in this figure.

Only report a discrepancy if the pre-populated amount does not match the total funds received as of June 30, 2025. If your account shows a higher total, please subtract any additional payments received after June 30, 2025, before verifying.



What occurred with the Restricted Funds?

Select one of the following options:

- **Funds Expended:** Choose this if any restricted funds were spent during the reporting period. The **Expenditure Information** page will appear next.
- **No Funds Expended:** Choose this if no restricted funds were spent or received during the reporting period. The **Unrestricted Funds** reporting page will appear next.

The Total Amount Received to Date for Restricted Funds-SBOA Fund 1237 is a pre-populated figure based on the Local Unit of Government Name identified within Step 2. This is a cumulative number that represents the total amount of restricted funds received since the first distribution of funds in 2022.

If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount Received to Date for Restricted Funds - SBOA Fund 1237:
\$25,000.00

Please verify if the amount is correct (Select one: "Yes" or "No")

Yes

What has occurred with these restricted funds? (Select one)

Funds Expended

No funds were expended during the reporting period

Note: Information icons are located within the form to provide additional information.

Select "Next" to proceed to the next page.

Previous Next

12

Click "Next"

The Total Amount Received to Date for Restricted Funds-SBOA Fund 1237 is a pre-populated figure based on the Local Unit of Government Name identified within Step 2. This is a cumulative number that represents the total amount of restricted funds received since the first distribution of funds in 2022.

If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount Received to Date for Restricted Funds - SBOA Fund 1237:
\$25,000.00

Please verify if the amount is correct (Select one: "Yes" or "No")

Yes

What has occurred with these restricted funds? (Select one)

Funds Expended

No funds were expended during the reporting period

Note: Information icons are located within the form to provide additional information.

Select "Next" to proceed to the next page.

Previous Next



For each expenditure made during the reporting period, enter the following details:

- **Recipient Organization Name:** Name of the organization that received the funds
- **Street Address:** Street address of the organization
- **City:** City where the organization is located
- **State:** State where the organization is located
- **Zip Code:** Zip code of the organization
- **Contact Name:** Primary contact at the organization
- **Email Address:** Contact's email address
- **Phone Number:** Contact's phone number
- **Amount Expended:** Total amount spent during the reporting period
- **Purpose of Expenditure:** Brief description of how the funds were used
- **Qualifying Strategy (Exhibit E):** Select the applicable strategy from Exhibit E that aligns with the expenditure

Report any funds that have been expended during the reporting period of July 1, 2024, through June 30, 2025. If funds were NOT expended for Restricted Funds, return to the previous page and select "No funds were expended during the reporting period."

Expenditure Type
Restricted

* Enter the title of the expenditure

* Enter the name of the organization.

Enter the street name of the organization.

Enter the city for the organization.

Enter the state for the organization.

Enter the zip code for the organization.

Enter the contact name for the organization.

Enter the email address for the organization.

Enter the phone number for the organization.

Enter the amount spent during this reporting period.

Enter the purpose for how the funds were expended.

Select which qualifying strategy for Exhibit E the funds were expended. ⓘ

[Remove](#)

14 Additional Entries:

- To report additional expenditures, click “**Add**” and complete the fields for each additional entry
- To remove an expenditure, click “**Remove**”

Enter the city for the organization.

Enter the state for the organization.

Enter the zip code for the organization.

Enter the contact name for the organization.

Enter the email address for the organization.

Enter the phone number for the organization.

Enter the amount spent during this reporting period.

Enter the purpose for how the funds were expended.

Select which qualifying strategy for Exhibit E the funds were expended. ⓘ

--None--

Note: Information Icons are located within the form to provide additional information.

If you have additional expenditures, select "Add" and enter the additional expenditures.
To remove an expenditure, select "Remove".

If you do not have additional expenditures, select "Next" to proceed to the next page.



Alert! If you need to enter more than **50** expenditures, email inopoidsettlement.us@egis-group.com

15 Click "Next"

John Doe

Enter the email address for the organization.
john.doe@gmail.com

Enter the phone number for the organization.
1234567890

Enter the amount spent during this reporting period.
\$5,000

Enter the purpose for how the funds were expended.
Purchased FDA approved drugs to reverse opioid overdose

Select which qualifying strategy for Exhibit E the funds were expended. ⓘ
AA: NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

+ Add

Note: Information icons are located within the form to provide additional information.

If you have additional expenditures, select "Add" and enter the additional expenditures.
To remove an expenditure, select "Remove".


If you do not have additional expenditures, select "Next" to proceed to the next page.

Previous Next

Unrestricted Funds

16 Verify the total amount received to date for unrestricted funds:

- **Yes:** Select if the pre-populated amount is correct.
- **No:** Select if the amount is incorrect. You will be prompted to enter the correct amount manually.



The Total Amount Received to Date for Unrestricted Funds-SBOA Fund 1237 is a pre-populated figure based on the Local Unit of Government Name identified within step 2. This is a cumulative number that represents the total amount of restricted funds received since the first distribution of funds in 2022.

If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount Received to Date for Unrestricted Funds - SBOA Fund 1238:
\$25,000.00

Please verify if the amount is correct.(Select One: "Yes" or "No") ⓘ

--None--

--None--

Yes

No

Note: Information icons are located within the form to provide additional information.

Select "Next" to proceed to the next page.

Previous Next



Alert! The Total Amount Received to Date for Unrestricted Funds – SBOA Fund 1237 is pre-populated based on the Local Unit of Government selected at the beginning of the form.

The amount shown reflects all payments received through June 30, 2025. Any payments received after June 30, 2025, are not included in this figure.

Only report a discrepancy if the pre-populated amount does not match the total funds received as of June 30, 2025. If your account shows a higher total, please subtract any additional payments received after June 30, 2025, before verifying.


17 What occurred with the Unrestricted Funds?

Select one of the following options:

- **Funds Expended:** Choose this if any restricted funds were spent during the reporting period. The **Expenditure Information** page will appear next.
- **No Funds Expended:** Choose this if no restricted funds were spent or received during the reporting period. The **Unrestricted Funds** reporting page will appear next.

The screenshot shows a web form for reporting on Unrestricted Funds. At the top center is the logo for the Indiana Family & Social Services Administration (IFSA). Below the logo, a paragraph states: "The Total Amount Received to Date for Unrestricted Funds-SBOA Fund 1237 is a pre-populated figure based on the Local Unit of Government Name identified within step 2. This is a cumulative number that represents the total amount of restricted funds received since the first distribution of funds in 2022." Below this, a red line of text reads: "If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted." The form then displays "Total Amount Received to Date for Unrestricted Funds - SBOA Fund 1238:" followed by "\$25,000.00". A dropdown menu is set to "Yes" with the prompt "Please verify if the amount is correct (Select One: 'Yes' or 'No')". Below the dropdown, a question is asked: "What has occurred with these unrestricted funds? (Select one)". Two radio button options are provided: "Funds Expended" and "No funds were expended during the reporting period". A note at the bottom states: "Note: Information icons are located within the form to provide additional information." and "Select 'Next' to proceed to the next page." At the bottom right, there are "Previous" and "Next" buttons.

18 Click "Next"



The Total Amount Received to Date for Unrestricted Funds-SBOA Fund 1237 is a pre-populated figure based on the Local Unit of Government Name identified within step 2. This is a cumulative number that represents the total amount of restricted funds received since the first distribution of funds in 2022.

If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount Received to Date for Unrestricted Funds - SBOA Fund 1238:
\$25,000.00

Please verify if the amount is correct (Select One: "Yes" or "No") ⓘ

What has occurred with these unrestricted funds? (Select one) ⓘ

Funds Expended

No funds were expended during the reporting period

Note: Information icons are located within the form to provide additional information.

Select "Next" to proceed to the next page.



For each expenditure made during the reporting period, enter the following details:

- **Recipient Organization Name:** Name of the organization that received the funds
- **Street Address:** Street address of the organization
- **City:** City where the organization is located
- **State:** State where the organization is located
- **Zip Code:** Zip code of the organization
- **Contact Name:** Primary contact at the organization
- **Email Address:** Contact's email address
- **Phone Number:** Contact's phone number
- **Amount Expended:** Total amount spent during the reporting period
- **Purpose of Expenditure:** Brief description of how the funds were used
- **Qualifying Strategy (Exhibit E) (OPTIONAL):** Select the applicable strategy from Exhibit E that aligns with the expenditure

Expenditure Type

Unrestricted

Enter the title of the expenditure

Enter the name of the organization.

Enter the street name of the organization.

Enter the city for the organization.

Enter the state for the organization.

Enter the zip code for the organization.

Enter the contact's name for the organization.

Enter the email address for the organization.
you@example.com

Enter the phone number for the organization.

Enter the amount spent during this reporting period.

Enter the purpose for how the funds were expended.

Select which qualifying strategy for Exhibit E the funds were expended. ⓘ

--None--

Remove

+ Add

Note: Information Icons are located within the form to provide additional information.

If you have additional expenditures, select "Add" and enter the additional expenditures.
To remove an expenditure, select "Remove".

If you do not have additional expenditures, select "Next" to proceed to the next page.

Previous

Next

20 Additional Entries:

- To report additional expenditures, click “**Add**” and complete the fields for each additional entry
- To remove an expenditure, click “**Remove**”

Expenditure Type

Unrestricted

Enter the title of the expenditure

Enter the name of the organization.

Enter the street name of the organization.

Enter the city for the organization.

Enter the state for the organization.

Enter the zip code for the organization.

Enter the contact's name for the organization.

Enter the email address for the organization.
you@example.com

Enter the phone number for the organization.

Enter the amount spent during this reporting period.

Enter the purpose for how the funds were expended.

Select which qualifying strategy for Exhibit E the funds were expended. ⓘ

--None--

Remove

+ Add

Note: Information Icons are located within the form to provide additional information.

If you have additional expenditures, select "Add" and enter the additional expenditures.
To remove an expenditure, select "Remove".

If you do not have additional expenditures, select "Next" to proceed to the next page.

Previous

Next



Alert! If you need to enter more than **50** expenditures, email inopiodsettlement.us@egis-group.com

21 Click "Next"

Jane Doe

Enter the email address for the organization.
jane.doe@gmail.com

Enter the phone number for the organization.
1234567890

Enter the amount spent during this reporting period.
\$5,000

Enter the purpose for how the funds were expended.
Funding for jails to provide treatment to inmates

Select which qualifying strategy for Exhibit E the funds were expended. ⓘ
AF: TREATMENT FOR INCARCERATED POPULATION

Remove

+ Add

Note: Information icons are located within the form to provide additional information.

If you have additional expenditures, select "Add" and enter the additional expenditures.
To remove an expenditure, select "Remove".

If you do not have additional expenditures, select "Next" to proceed to the next page.

Previous Next

Community Committee

Has your community formed a committee to determine how to spend opioid settlement funds?

Select one:

- **Yes:** A committee has been created
- **No:** No committee has been created

INDIAN FAMILY & SOCIAL SERVICES
IUSA
ADMINISTRATION

Has your community created a committee to determine how to spend opioid settlement funds? (Select One: Yes or No) ⓘ

--None--

--None--

Yes

No

Note: Information icons are located within the form to provide additional information.

Select "Next" to proceed to the next page.

Previous Next



If your community has formed a committee, provide the **names and titles** of the individuals serving on it.

Example: Jane Doe, County Commissioner; John Smith, Public Health Director

The screenshot shows a web form with the Louisiana Family & Social Services Administration logo at the top center. Below the logo is a dropdown menu with the text "Has your community created a committee to determine how to spend opioid settlement funds? (Select One: Yes or No)" and the option "Yes" selected. Below the dropdown is a text input field with the placeholder text "If your community has created a committee, describe the make-up of the committee. (Enter the names and titles of the individuals)". This text input field is highlighted with a thick orange border. Below the text input field is a note: "Note: Information icons are located within the form to provide additional information." and the instruction "Select 'Next' to proceed to the next page." At the bottom right of the form are two buttons: "Previous" and "Next".

24


Click "Next"

The screenshot shows the same web form as above, but with the text input field containing the example text: "Jane Doe, Mayor" and "John Doe, Counselor". The "Next" button at the bottom right is highlighted with a yellow circle.

Survey (Optional)



We value your input and strive to improve the reporting experience. Please take a moment to complete this brief survey. For each question, select one response per question that best reflects your experience.



To help us improve future reporting efforts, please take a few moments to answer the following questions.
Please indicate your level of agreement with the following statements:

Overall, how satisfied are you with the Indiana Opioid Settlement reporting platform?

Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied

The opioid reporting process is clear, efficient, and easy to navigate.

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

The training and support resources provided adequately prepared me to complete the reporting requirements

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

The platform's functionality (e.g., data entry, submitting) meets my reporting needs.

Strongly agree
 Agree



In addition to the satisfaction ratings, we welcome your comments to help us improve the reporting process. Please use the text boxes below to share your thoughts.

Strongly Disagree

The training and support resources provided adequately prepared me to complete the reporting requirements

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

The platform's functionality (e.g., data entry, submitting) meets my reporting needs.

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

I felt supported when I had questions or encountered issues.

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

What improvements would enhance your experience with the opioid settlement reporting process or platform?

Is there any additional feedback you would like to share to help us improve the reporting platform or process?

27 Click "Next"

Strongly Disagree

The training and support resources provided adequately prepared me to complete the reporting requirements

Strongly agree

Agree

Neutral

Disagree

Strongly Disagree

The platform's functionality (e.g., data entry, submitting) meets my reporting needs.

Strongly agree

Agree

Neutral

Disagree

Strongly Disagree

I felt supported when I had questions or encountered issues.

Strongly agree

Agree

Neutral

Disagree

Strongly Disagree

What improvements would enhance your experience with the opioid settlement reporting process or platform?

N/A


Is there any additional feedback you would like to share to help us improve the reporting platform or process?

N/A

Previous **Next**

Form Submission

Click "Finish"



DO NOT SUBMIT UNLESS YOU ARE CERTAIN ALL ENTRIES ARE CORRECT

This is the end of the Opioid Settlement Reporting form. Thank you for completing this report on behalf of your community.

Please select "Finish" to submit your response. When you click "Finish" and submit the form, you will *not* be able to edit your response. A copy of your response will be sent to the email address associated with this form.

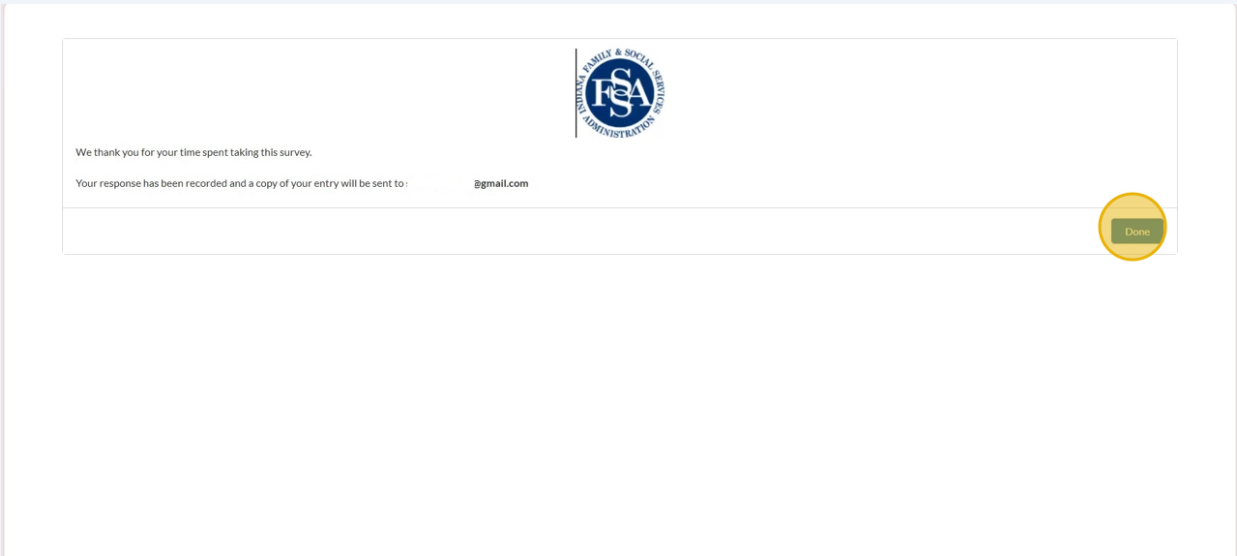
If you are not finished with reporting, please select the "Previous" button to return to the reporting form.

If you have reached this page and do not believe you correctly completed the survey or have questions, please contact us at INoploidsettlement.us@egis-group.com for assistance.

Previous **Finish**

29

Click "Done"



We thank you for your time spent taking this survey.

Your response has been recorded and a copy of your entry will be sent to: @gmail.com

Done



Alert! You must click "Done" to ensure your entry is submitted and sent to the designated email address

Saving Your Responses as PDF (Outlook)

30 Navigate to your email inbox and open the message sent:

- **From:** INopioisettlement Notifications <sfdc@weareexos.com>
- **Subject:** Opioid Settlement Reporting Entry


: Opioid Settlement Reporting Entry

Ⓜ Reply Reply All Forward 📧 ⋮

Fri 7/25/2025 5:51 PM

Do not reply to this email. If you have any questions or concerns, please email INopioisettlement.us@egis-group.com

Please download a copy of this report for your records.



Opioid Settlement Report

General Information

Local Unit of Government: Test Record

Total Amount of Funding Received to Date: \$50,000.00

Verify if amount is correct: Yes

Correct Amount Received: N/A

Elected Officials (Name/Title): N/A

Community Committee has been created: Yes

Committee Make-up Description: Jane Doe, Mayor, John Doe, Counselor

Submitter Information

Name of Individual: John Doe

Title of Individual: Treasurer

Email Address of Individual: [REDACTED]

Phone Number of Individual: 1234567890

Agency/Division: Agency

Restricted Funds Details

Total Amount Received to Date: \$25,000.00

Verify if amount is correct: Yes

Correct Amount Received: N/A

31 Click "File"

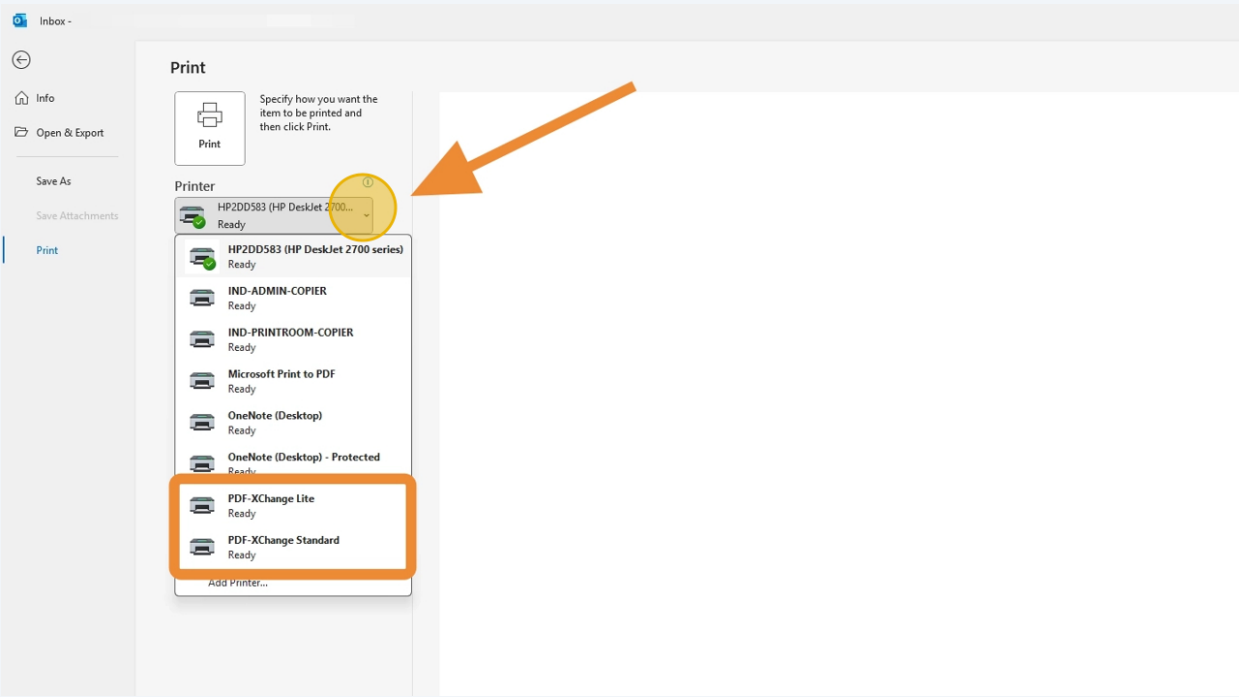
The screenshot shows the top ribbon of an email client. The 'File' tab is highlighted with a yellow circle. Below the ribbon, the email content is visible, including a header for 'Opioid Settlement Reporting Entry', a warning about external email, and a forwarded message header. At the bottom, there is a link to download a report titled 'Opioid Settlement Report'.

32 Click "Print"

The screenshot shows the left-hand navigation pane of an email client. The 'Print' option is highlighted with a yellow circle. The main pane displays the 'Fwd: Opioid Settlement Reporting Entry' with several action buttons: 'Encrypt', 'Move to Folder', 'Open Delivery Report', 'Resend or Recall', and 'Properties'. The 'Print' button is the second option from the top in the navigation pane.

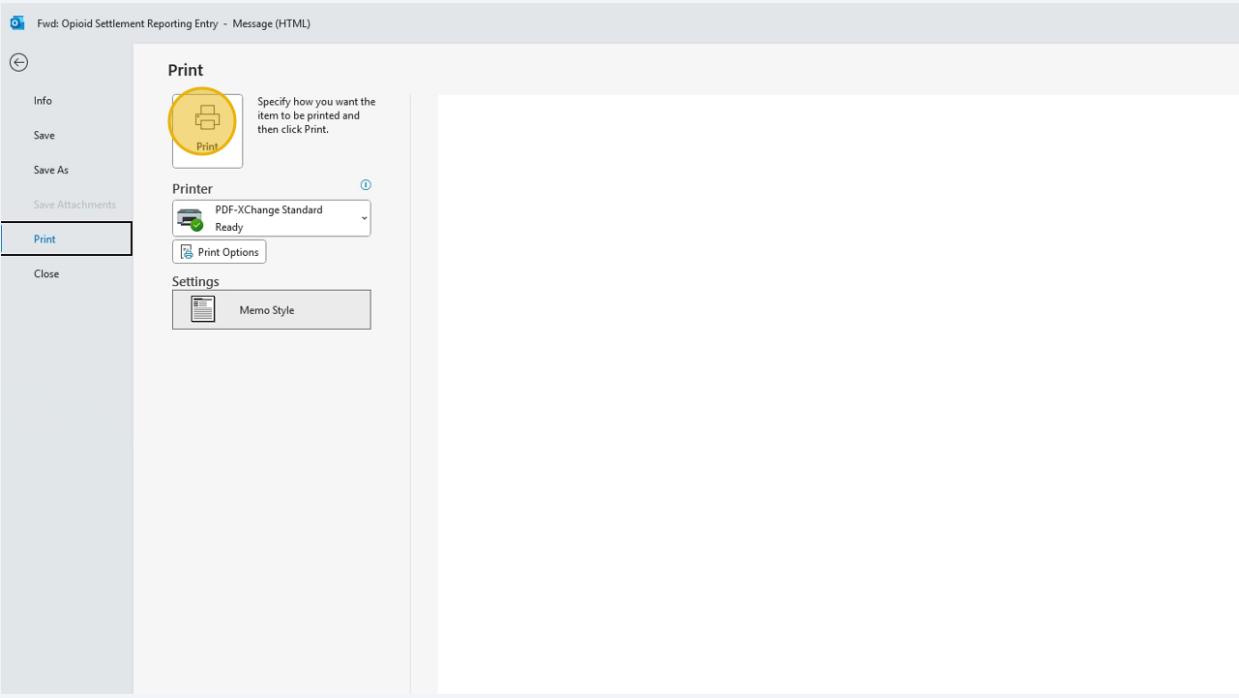


From the printer drop-down menu, select the PDF option compatible with your computer

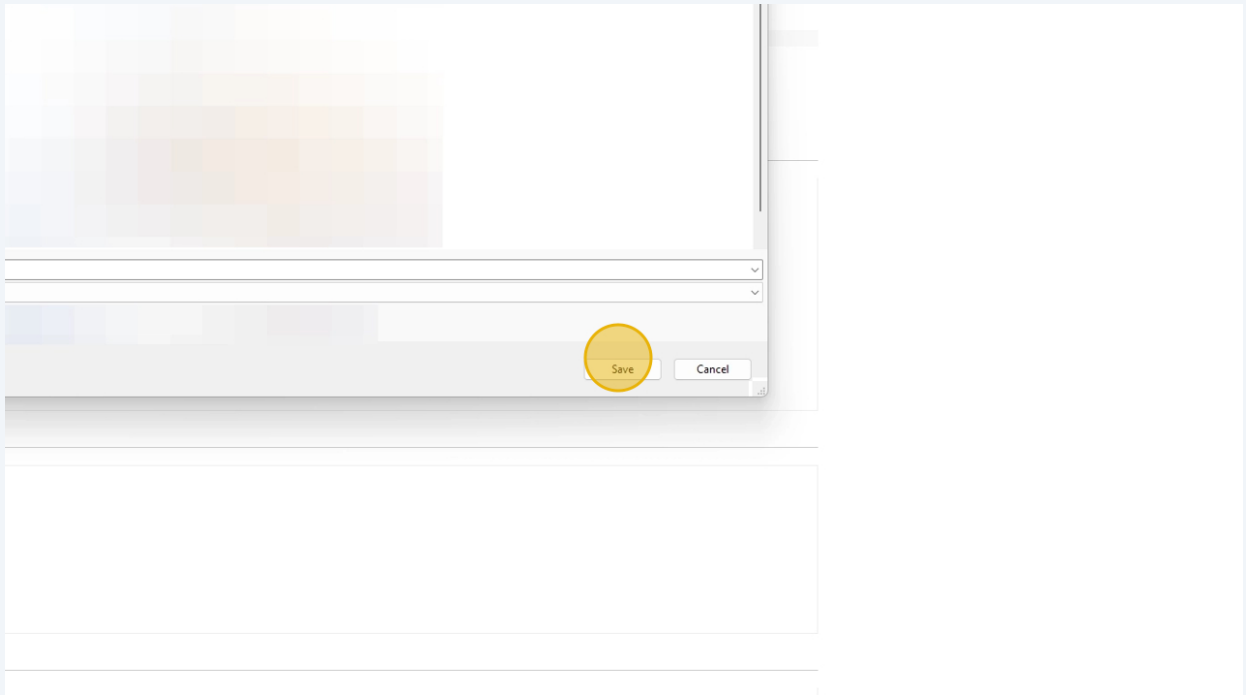


34

Click "Print"



35 Click "Save"



Printing Your Responses (Outlook)

36

Navigate to your email inbox and open the message sent:

- **From:** INopioisettlement Notifications <sfdc@weareexos.com>
- **Subject:** Opioid Settlement Reporting Entry


: Opioid Settlement Reporting Entry

⏪ Reply ⏪ Reply All → Forward 📧 ⋮

Fri 7/25/2025 5:51 PM

Do not reply to this email. If you have any questions or concerns, please email INopioisettlement.us@egis-group.com

Please download a copy of this report for your records.



Opioid Settlement Report

General Information

Local Unit of Government: Test Record

Total Amount of Funding Received to Date: \$50,000.00

Verify if amount is correct: Yes

Correct Amount Received: N/A

Elected Officials (Name/Title): N/A

Community Committee has been created: Yes

Committee Make-up Description: Jane Doe, Mayor, John Doe, Counselor

Submitter Information

Name of Individual: John Doe

Title of Individual: Treasurer

Email Address of Individual: [Redacted]

Phone Number of Individual: 1234567890

Agency/Division: Agency

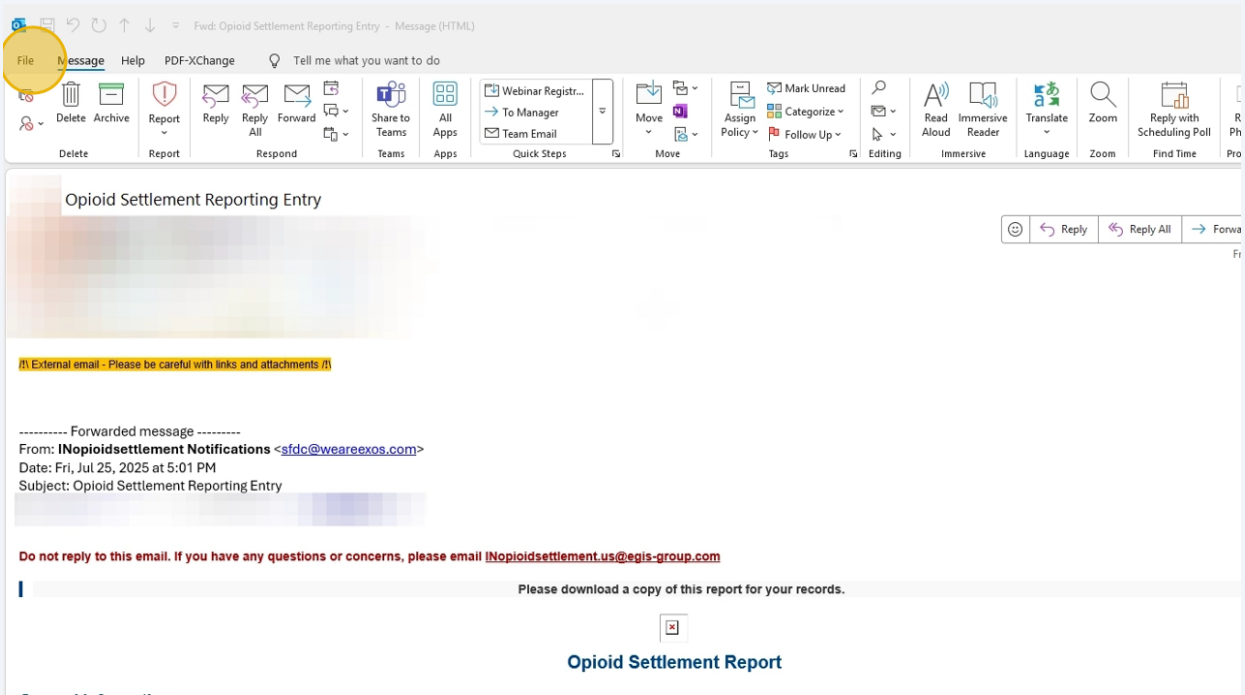
Restricted Funds Details

Total Amount Received to Date: \$25,000.00

Verify if amount is correct: Yes

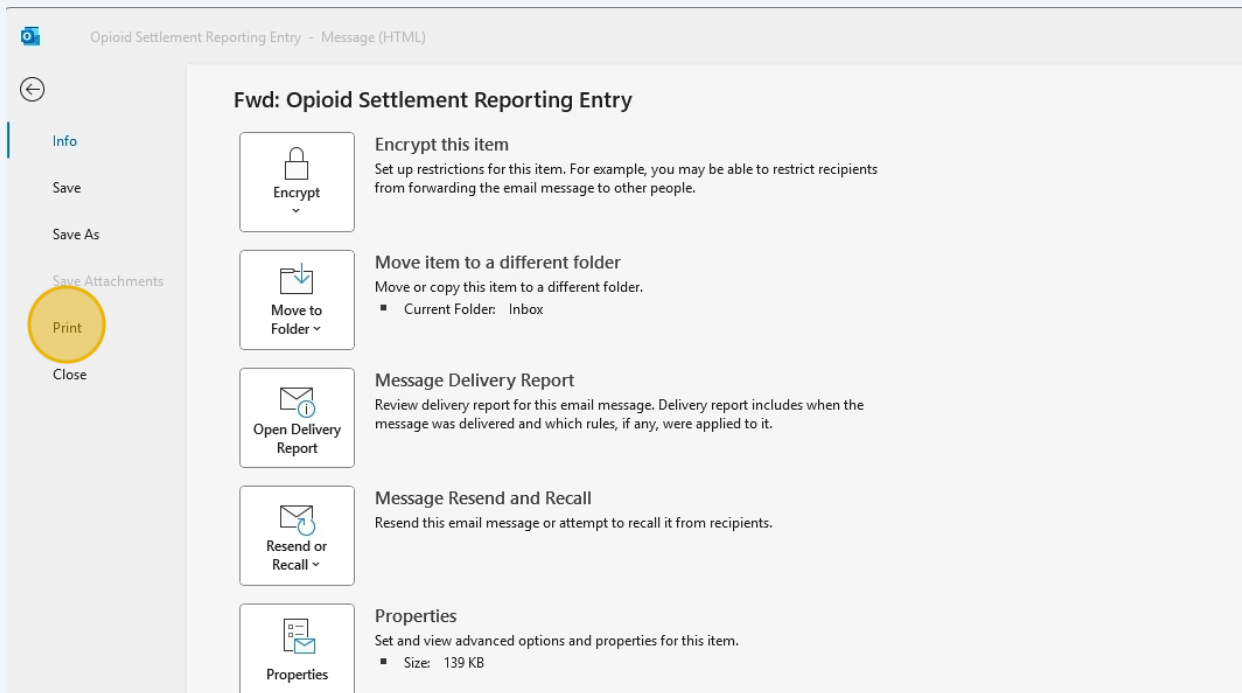
Correct Amount Received: N/A

37 Click "File"



The screenshot shows the Microsoft Outlook interface. The ribbon at the top is set to the 'File' tab, which is highlighted with a yellow circle. The ribbon includes options like 'Delete', 'Archive', 'Report', 'Reply', 'Forward', 'Share to Teams', 'All Apps', 'Webinar Registr...', 'To Manager', 'Team Email', 'Move', 'Assign Policy', 'Categorize', 'Follow Up', 'Mark Unread', 'Read Aloud', 'Immersive Reader', 'Translate', 'Zoom', and 'Reply with Scheduling Poll'. Below the ribbon, the email content is visible, including a header 'Opioid Settlement Reporting Entry', a warning about external email, and a forwarded message from 'INopioisettlement Notifications <sfcdc@weareexos.com>'. The subject of the forwarded message is 'Opioid Settlement Reporting Entry'. At the bottom of the email content, there is a link to 'Opioid Settlement Report'.

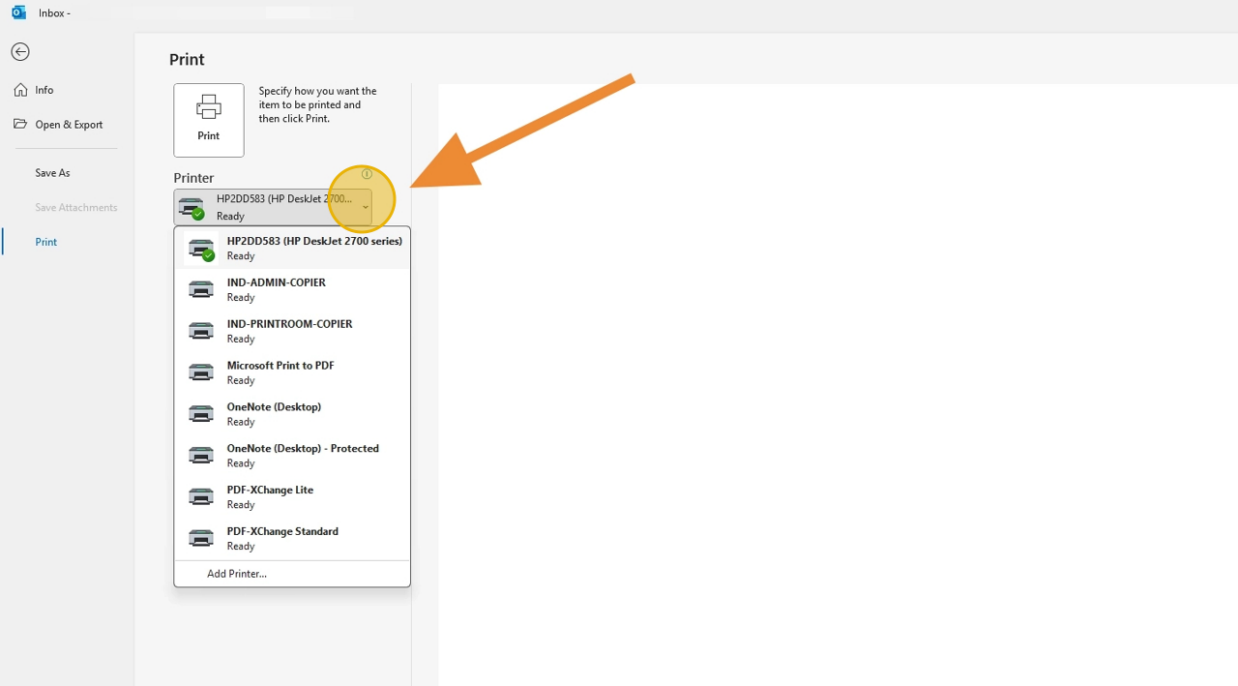
38 Click "Print"



The screenshot shows the Microsoft Outlook interface with the left-hand menu open. The 'Print' option is highlighted with a yellow circle. The main content area displays the 'Fwd: Opioid Settlement Reporting Entry' message. The message content includes several sections: 'Encrypt this item' (Set up restrictions for this item), 'Move item to a different folder' (Move or copy this item to a different folder, Current Folder: Inbox), 'Message Delivery Report' (Review delivery report for this email message), 'Message Resend and Recall' (Resend this email message or attempt to recall it from recipients), and 'Properties' (Set and view advanced options and properties for this item, Size: 139 KB).



Select the printer you wish to use from the list of available printers, then follow your standard printing process to print a copy of your completed report for your records



Tip! If you need assistance, please contact us at inopiodsettlement.us@egis-group.com