

# Indiana Opioid Settlement 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, 2025 - June 30, 2026.

If you need assistance, please contact us at: [inopioidsettlement.us@egis-group.com](mailto:inopioidsettlement.us@egis-group.com)



**Reporting Due Date: August 31, 2026, at 11:59 p.m. EST.**

## Accessing the Form

1

Compile all necessary information and have it readily available prior to starting the form. Only one submission per Local Unit of Government is permitted



Alert! If you need to pause and return later, click "**Save for Later**" button located on each page of the form. This will allow you to save your progress and resume completing the report at a later time. Be sure to use this feature before leaving the form if you have not yet submitted your report.

2

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

### 3 Click "Start Here" to begin the form



## 2026 Indiana Opioid Settlement Reporting

In accordance with IC 4-6-15-4, the Indiana Family and Social Services Administration (FSSA) must submit an annual comprehensive report to the Indiana General Assembly detailing the use of all State and Local National Opioid Settlement funds.

Local units of government receiving National Opioid Settlement funds are required to report all related expenditures to FSSA. Reported expenditures will be consolidated into a final report that will be submitted to the Indiana General Assembly and made available to the public. The 2026 reporting period is July 1, 2025 - June 30, 2026.

#### Reporting Instructions

A designated representative must complete the following form on behalf of the Local Unit of Government. Only one submission per Local Unit of Government is permitted.

You may save your progress at any time, and a link to resume your draft will be sent to you via email. After submitting the form, you will have the option to download and print a copy of the completed document. The form is due by 11:59 p.m. EST on Monday, August 31, 2026.

For assistance completing the form or to report an error, contact: [INopioidsettlementus@egls-group.com](mailto:INopioidsettlementus@egls-group.com).

Select "Start Here" to begin the form.

Start Here

## Local Unit of Government Information

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

#### Local Unit of Government Information

\* Name of Local Unit of Government

Q Adams

Adams County

\* Name of Designated Representative Completing This Form

\* Title (Clerk Treasurer, Auditor, etc.)

\* Email Address

\* Phone Number

XXX-XXX-XXXX

#### Designated Approver(s)

For Settlement Expenditures (i.e., mayor, city council, county council, county commissioners)

\* Name

\* Title

Remove

Add Additional Approver

#### Community Committee

\* Has your community established a committee for Opioid Settlement spending?

☐ Yes

☐ No

5

Enter the following details for the individual completing the form:

- **Full Name:** First and last name of the designated representative 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

#### Local Unit of Government Information

\* Name of Local Unit of Government

Adams County

\* Name of Designated Representative Completing This Form

\* Title (Clerk Treasurer, Auditor, etc.)

\* Email Address

\* Phone Number

#### Designated Approver(s)

For Settlement Expenditures (i.e., mayor, city council, county council, county commissioners)

| * Name               | * Title              |        |
|----------------------|----------------------|--------|
| <input type="text"/> | <input type="text"/> | Remove |

Add Additional Approver

#### Community Committee

\* Has your community established a committee for Opioid Settlement spending?

- ☐ Yes  
☐ No

6

Enter the following details for the designated approver(s):

- **Full Name:** First and last name of the Designated Approver
- **Title:** Official title (e.g., Clerk Treasurer, Auditor)

• **Add Additional Approver:** Select this option if you need to enter information for one or more additional designated approvers. A new set of fields will appear for each additional approver.

#### Local Unit of Government Information

\* Name of Local Unit of Government

Adams County

\* Name of Designated Representative Completing This Form

\* Title (Clerk Treasurer, Auditor, etc.)

\* Email Address

\* Phone Number

XXX-XXX-XXXX

#### Designated Approver(s)

For Settlement Expenditures (i.e., mayor, city council, county council, county commissioners)

\* Name

\* Title

Remove

Add Additional Approver

#### Community Committee

\* Has your community established a committee for Opioid Settlement spending?

☐ Yes

☐ No

7

If you selected "**Yes**" to having a Community Committee, provide the following information for each committee member:

- **Committee Member Name** – Enter the full name of the committee member.
- **Official Title** – Enter the member's official title (examples include Commissioner, Mayor, City Council Member, County Council Member, Town Board Member, Town Manager, Clerk-Treasurer, Auditor, etc.).
- **Organization Name** – Enter the name of the organization the committee member represents.
- **Add Additional Member:** Select this option if you need to enter information for additional committee members. A new set of fields will appear for each additional member.

The screenshot shows a web form titled "Community Committee". At the top, there is a button labeled "Add Additional Approver". Below it, a section titled "Community Committee" contains a question: "\* Has your community established a committee for Opioid Settlement spending?". The "Yes" radio button is selected. Below this question, there is a form for adding a new committee member. It includes two input fields: "\* Name of Committee Member" and "\* Official Title", followed by a "Remove" button. Below these is an input field for "\* Organization Name". At the bottom of this section is a button labeled "Add Additional Committee Member". Below the "Community Committee" section is a section titled "Technical Assistance" with a question: "\* Is your community interested in receiving technical assistance for how to spend Opioid Settlement funds?". The "No" radio button is selected. At the bottom of the form are "Back" and "Next" buttons.

8

If you select "**No**" to having a Community Committee, an additional question will appear:

• **Does your community plan to establish a committee for opioid settlement spending?**

- Select **Yes** if your community plans to establish a committee in the future.
- Select **No** if your community does not currently plan to establish a committee.

The screenshot shows the same "Community Committee" form. In the "Community Committee" section, the "No" radio button is selected for the question "\* Has your community established a committee for Opioid Settlement spending?". Below this, a new question is displayed: "\* Does your community plan to establish a committee for Opioid Settlement spending?". This question has two radio buttons, "Yes" and "No", which are highlighted by an orange box. The "Technical Assistance" section and the "Back" and "Next" buttons remain the same as in the previous screenshot.

## Technical Assistance

9

Indicate whether your community would like technical assistance related to planning, implementing, or reporting opioid settlement fund expenditures by selecting **Yes** or **No**.

• If you select **Yes**, provide the contact information for the individual in your county or community who should be contacted regarding technical assistance for how to spend Opioid Settlement Funds:

- **Name**
- **Title**
- **Email Address**
- **Phone Number**

**Unknown at This Time:** If you do not know who should be contacted regarding technical assistance, select the checkbox labeled **"Unknown at This Time."**

**Technical Assistance**

\* Is your community interested in receiving technical assistance for how to spend Opioid Settlement funds?

☒ Yes  
☐ No

\* Who in your county should we contact regarding technical assistance for how to spend Opioid Settlement funds?

\* Name

\* Title

\* Email

\* Phone

☐ Unknown at this time

[Back](#) [Next](#)

10

Click **Next** to proceed to Settlement Details.

[Add Additional Approver](#)

**Community Committee**

\* Has your community established a committee for Opioid Settlement spending?

☐ Yes  
☒ No

\* Does your community plan to establish a committee for Opioid Settlement spending?

☐ Yes  
☒ No

**Technical Assistance**

\* Is your community interested in receiving technical assistance for how to spend Opioid Settlement funds?

☐ Yes  
☒ No

[Back](#) [Next](#)

## Local Opioid Settlement Details

11

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.

### Local Opioid Settlement Details

The total amount of Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all payments received from 2022 through June 30, 2026.

**NOTE:** Payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total funds received as of June 30, 2026.

Total Amount Received through June 30, 2026: \$469,155.99

\* Is the Total Amount listed above correct?

☒ Yes  
☐ No

Back

Save for Later

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, 2026. Any payments received after June 30, 2026, 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, 2026. If your account shows a higher total, please subtract any additional payments received after June 30, 2026, before verifying.

## 12 Click **Next** to proceed to Restricted Fund Details.

### Local Opioid Settlement Details

The total amount of Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all payments received from 2022 through June 30, 2026.

**NOTE:** Payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total funds received as of June 30, 2026.

Total Amount Received through June 30, 2026: \$469,155.99

\* Is the Total Amount listed above correct?

☒ Yes  
☐ No

Back

Save for Later

Next

## Restricted Fund Details

## 13 Please review the total Restricted Funds amount prepopulated in the form and confirm whether it is correct by selecting **Yes** or **No**.

### Local Opioid Settlement: Restricted Fund Details

The total amount of Restricted Local Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all restricted payments received from 2022 through June 30, 2026.

**NOTE:** Restricted payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total restricted funds received as of June 30, 2026.

Total Restricted Funds Received through June 30, 2026: \$338,028.38

\* Are the Total Restricted Funds listed above correct?

☒ Yes  
☐ No

\* Restricted funds were expended between July 1, 2023 - June 30, 2026

☐ Yes  
☐ No

Back

Save for Later

Next



14

If **No** is selected, enter the total Restricted Funds received through **June 30, 2026** in the populated box.

#### Local Opioid Settlement: Restricted Fund Details

The total amount of Restricted Local Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all restricted payments received from 2022 through June 30, 2026.

**NOTE:** Restricted payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total restricted funds received as of June 30, 2026.

Total Restricted Funds Received through June 30, 2026: \$338,028.38

\* Are the Total Restricted Funds listed above correct?

- ☐ Yes  
☒ No

\* Enter Total Restricted Funds Received through June 30, 2026

\* Restricted funds were expended between July 1, 2025 - June 30, 2026

- ☐ Yes  
☒ No

[Back](#)

[Save for Later](#)

[Next](#)

15

Then answer the following question: **Were Restricted Funds expended between July 1, 2025, and June 30, 2026?**

- **Yes** – Select this option if any Restricted Funds were spent during the reporting period. You will be directed to the **Expenditure Information** page next.
- **No** – Select this option if no Restricted Funds were spent or received during the reporting period. You will be directed to the **Unrestricted Funds Reporting** page next.

#### Local Opioid Settlement: Restricted Fund Details

The total amount of Restricted Local Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all restricted payments received from 2022 through June 30, 2026.

NOTE: Restricted payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total restricted funds received as of June 30, 2026.

Total Restricted Funds Received through June 30, 2026: \$338,028.38

\* Are the Total Restricted Funds listed above correct?

☒ Yes  
☐ No

\* Restricted funds were expended between July 1, 2025 - June 30, 2026

☐ Yes  
☒ No

Back

Save for Later

Next

16

For each Restricted Fund expenditure made during the reporting period, enter the following information:

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

If you have more than one expenditure to report, select **"Add Restricted Expenditure."** Additional expenditure fields will populate for each expenditure entered.

If you need to remove an expenditure, select **"Remove Expenditure."**

additional expenditures or "Remove Expenditure" to delete an entry.

NOTE: Exhibit E of the National Opioid Settlement Agreement specifies the eligible uses for Restricted Opioid Settlement Funds. All restricted expenditures must correspond to a qualifying strategy identified in Exhibit E: [Opioid Remediation Uses Agreement](#)

#### Restricted Expenditures

\* Expenditure Description

\* Restricted Amount Expended

Remove Expenditure

\* Describe the Purpose of the Restricted Expenditure in Detail (min limit: 10 words)

Ex: Funds used to hire a licensed counselor to provide substance use treatment

\* Select the Exhibit E strategy(ies) that correspond to the expenditure (Select all that apply)

Available Strategies

A.A: NALOXONE OR OTHER FDA-APPROVED DRUG TO REV...  
A.B: MEDICATION-ASSISTED TREATMENT ("MAT") DISTRIB...  
A.C: PREGNANT & POSTPARTUM WOMEN  
A.D: EXPANDING TREATMENT FOR NEONATAL ABSTINENC...  
A.E: EXPANSION OF WARM HAND-OFF PROGRAMS AND RE...  
A.F: TREATMENT FOR INCARCERATED POPULATION  
A.G: EXPANSION OF WARM HAND-OFF PROGRAMS AND RE...

Selected Strategies

Enter the following information for the organization that received these funds

\* Organization Name

\* Primary Contact Name

\* Business Phone

XXX-XXX-XXXX

\* Business Email

17

Click **Next** to proceed to Unrestricted Fund Details.

### Local Opioid Settlement: Restricted Fund Details

The total amount of Restricted Local Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all restricted payments received from 2022 through June 30, 2026.

**NOTE:** Restricted payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total restricted funds received as of June 30, 2026.

Total Restricted Funds Received through June 30, 2026: \$338,028.38

\* Are the Total Restricted Funds listed above correct?

- ☒ Yes  
☐ No

\* Restricted funds were expended between July 1, 2025 - June 30, 2026

- ☐ Yes  
☒ No

Back

Save for Later

Next

## Unrestricted Fund Details

18

Please review the total Unrestricted Funds amount prepopulated in the form and confirm whether it is correct by selecting **Yes** or **No**.

### Local Opioid Settlement: Unrestricted Fund Details

The total amount of Unrestricted Local Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all unrestricted payments received from 2022 through June 30, 2026.

**NOTE:** Unrestricted payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total unrestricted funds received as of June 30, 2026.

Total Unrestricted Funds Received through June 30, 2026: \$131,127.61

\* Are the Total Unrestricted Funds listed above correct?

- ☒ Yes  
☐ No

\* Unrestricted funds were expended between July 1, 2025 - June 30, 2026

- ☐ Yes  
☐ No

Back

Save for Later

Next

19

If **No** is selected, enter the total Unrestricted Funds received through **June 30, 2026** in the populated box.

#### Local Opioid Settlement: Unrestricted Fund Details

The total amount of Unrestricted Local Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all unrestricted payments received from 2022 through June 30, 2026.

**NOTE:** Unrestricted payments received **after June 30, 2026** are **not included** and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount **does not match** the total unrestricted funds received as of **June 30, 2026**.

Total Unrestricted Funds Received through June 30, 2026: **\$131,127.61**

\* Are the Total Unrestricted Funds listed above correct?

- ☐ Yes  
☒ No

\* Enter Total Unrestricted Funds Received through June 30, 2026

\* Unrestricted funds were expended between July 1, 2025 - June 30, 2026

- ☐ Yes  
☒ No

[Back](#)

[Save for Later](#)

[Next](#)

20

Then answer the following question: **Were Unrestricted Funds expended between July 1, 2025, and June 30, 2026?**

- **Yes** – Select this option if any Unrestricted Funds were spent during the reporting period. You will be directed to the **Expenditure Information** page next.
- **No** – Select this option if no Unrestricted Funds were spent or received during the reporting period. You will be directed to the **Revised Expenditure** page next.

#### Local Opioid Settlement: Unrestricted Fund Details

The total amount of Unrestricted Local Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all unrestricted payments received from 2022 through June 30, 2026.

NOTE: Unrestricted payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total unrestricted funds received as of June 30, 2026.

Total Unrestricted Funds Received through June 30, 2026: \$131,127.61

\* Are the Total Unrestricted Funds listed above correct?

- ☒ Yes  
☐ No

\* Unrestricted funds were expended between July 1, 2025 - June 30, 2026

- ☐ Yes  
☒ No

Back

Save for Later

Next

21

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

- **Expenditure Description** – Brief description of the expenditure.
- **Unrestricted Amount Expended** – Total amount spent during the reporting period.
- **Purpose of Expenditure** – Brief explanation of how the funds were used.
- **Recipient Organization Name** – Name of the organization that received the funds.
- **Contact Name** – Primary contact at the recipient organization.
- **Business Phone Number** – Contact's phone number.
- **Business Email Address** – Contact's email address.
- **Street Address** – Street address of the recipient organization.
- **City** – City where the organization is located.
- **State** – State where the organization is located.
- **Zip Code** – Zip code of the organization.

If you have more than one expenditure to report, select **"Add Unrestricted Expenditure."** Additional expenditure fields will populate for each expenditure entered.

If you need to remove an expenditure, select **"Remove Expenditure."**

### Unrestricted Local Opioid Settlement Expenditures

Report each expenditure using unrestricted funds during the reporting period of July 1, 2025 - June 30, 2026. Select "Add Unrestricted Expenditure" to include additional expenditures or "Remove Expenditure" to delete an entry.

NOTE: Unrestricted expenditures are not required to align with a qualifying strategy in Exhibit E.

Unrestricted Expenditures

\* Expenditure Description

\* Unrestricted Amount Expended

Remove Expenditure

\* Describe the Purpose of the Unrestricted Expenditure in Detail (min limit: 10 words)

Ex: Funds used to hire a licensed counselor to provide substance use treatment

Enter the following information for the organization that received these funds

\* Organization Name

\* Primary Contact Name

\* Business Phone

XXX-XXX-XXXX

\* Business Email

\* Organization Street Address

\* City

\* State

\* Zip Code

\* Expenditure Description

\* Unrestricted Amount Expended

Remove Expenditure



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, 2026. Any payments received after June 30, 2026, 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, 2026. If your account shows a higher total, please subtract any additional payments received after June 30, 2025, before verifying.

22

Click **Next** to proceed to Revised Expenditures.

#### Local Opioid Settlement: Unrestricted Fund Details

The total amount of Unrestricted Local Opioid Settlement funds received to date is automatically populated based on the selected Local Unit of Government. This figure reflects all unrestricted payments received from 2022 through June 30, 2026.

NOTE: Unrestricted payments received after June 30, 2026 are not included and should not be considered for the 2026 reporting period. Report a discrepancy only if the auto populated amount does not match the total unrestricted funds received as of June 30, 2026.

Total Unrestricted Funds Received through June 30, 2026: \$131,127.61

\* Are the Total Unrestricted Funds listed above correct?

- ☒ Yes  
☐ No

\* Unrestricted funds were expended between July 1, 2025 - June 30, 2026

- ☐ Yes  
☒ No

Back

Save for Later

Next

## Revised Expenditures



23

Select **Yes** or **No** to indicate whether your local unit of government has revised any previously reported Restricted Fund expenditures made since 2022 that did not meet the Exhibit E requirements (for example, by reallocating the expenditure to another funding source).

- **Yes** – A section will populate where you can enter additional details about the revised expenditure(s).
- **No** – Continue to the next section of the report.

#### Local Opioid Settlement: Revised Expenditures

All restricted funds are subject to requirements of IC 4-6-15-4, which specifies that local restricted funds may be used only for programs of treatment, prevention, and care that are best practices as defined or required by the settlement documents or court order ([Exhibit E](#) of the National Opioid Settlement Agreement).

[Exhibit E](#) specifies the eligible uses for Restricted Opioid Settlement Funds. Every expenditure from these restricted funds must align with a qualifying strategy identified in [Exhibit E](#). This applies to all restricted fund expenditures made since 2022 and reported by your local unit of government.

If your local unit of government made any expenditures since 2022 that do not meet the criteria in [Exhibit E](#) but have since been revised (such as by reallocating the cost to an appropriate funding source), please report that revision.

If you have questions about whether an expense is an allowable use of restricted funds or should be revised, please contact [INopioidsettlement.us@egis-group.com](mailto:INopioidsettlement.us@egis-group.com).

\* Were Past Expenditures Revised?

☐ Yes

☒ No

[Back](#)

[Save for Later](#)

[Next](#)

**24** If **Yes** is selected, enter the following information for each revised expenditure:

- **Expenditure Description** – Brief description of the expenditure that was originally reported.
- **Expenditure Amount** – Total dollar amount of the expenditure that was revised.
- **Original Funding Source** – Funding source originally used for the expenditure (e.g., Restricted Funds).
- **Revised Funding Source** – Funding source to which the expenditure was reassigned (e.g., Unrestricted Funds).
- **Purpose of Expenditure** – Brief explanation of how the funds were used.
- **Original Reporting Period** – Reporting period in which the expenditure was originally reported.
- **Date Expenditure Was Revised** – Date the expenditure was corrected or reassigned to a different funding source.

If you need to report more than one revised expenditure, select **"Add Revised Expenditure."** Additional fields will populate for each revised expenditure entered.

Exhibit E specifies the eligible uses for Restricted Opioid Settlement Funds. Every expenditure from these restricted funds must align with a qualifying strategy identified in Exhibit E. This applies to all restricted fund expenditures made since 2022 and reported by your local unit of government.

If your local unit of government made any expenditures since 2022 that do not meet the criteria in Exhibit E but have since been revised (such as by reallocating the cost to an appropriate funding source), please report that revision.

If you have questions about whether an expense is an allowable use of restricted funds or should be revised, please contact [INopioidsettlement.us@egis-group.com](mailto:INopioidsettlement.us@egis-group.com).

\* Were Past Expenditures Revised?

☒ Yes  
☐ No

Revised Expenditure Details

|                                                                           |                                                    |                    |
|---------------------------------------------------------------------------|----------------------------------------------------|--------------------|
| * Expenditure Description                                                 | * Expenditure Amount                               | Remove Expenditure |
| <input type="text"/>                                                      | <input type="text"/>                               |                    |
| * Original Funding Source (i.e. Restricted Funds)                         | * Revised Funding Source (i.e. Unrestricted Funds) |                    |
| <input type="text"/>                                                      | <input type="text"/>                               |                    |
| * Describe the Purpose of the Expenditure in Detail (min limit: 10 words) |                                                    |                    |
| <input type="text"/>                                                      |                                                    |                    |
| * Original Reporting Period                                               | * Date Expenditure was Revised                     |                    |
| <input type="text" value="Select an Option"/>                             | <input type="text" value=""/>                      |                    |

Add Revised Expenditure

Back Save for Later Next

## 25 Click **Next** to proceed to the Survey

If you have questions about whether an expense is an allowable use of restricted funds or should be revised, please contact [INopoldsettlement.us@egis-group.com](mailto:INopoldsettlement.us@egis-group.com).

\*Were Past Expenditures Revised?

- ☒ Yes  
☐ No

### Revised Expenditure Details

|                                                                           |                                                    |                    |
|---------------------------------------------------------------------------|----------------------------------------------------|--------------------|
| * Expenditure Description                                                 | * Expenditure Amount                               | Remove Expenditure |
| <input type="text"/>                                                      | <input type="text"/>                               |                    |
| * Original Funding Source (i.e. Restricted Funds)                         | * Revised Funding Source (i.e. Unrestricted Funds) |                    |
| <input type="text"/>                                                      | <input type="text"/>                               |                    |
| * Describe the Purpose of the Expenditure in Detail (min limit: 10 words) |                                                    |                    |
| <input type="text"/>                                                      |                                                    |                    |
| * Original Reporting Period                                               | * Date Expenditure was Revised                     |                    |
| Select an Option                                                          | <input type="text"/>                               |                    |

Add Revised Expenditure

Back

Save for Later

Next

## Feedback Survey

## 26 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.

### Survey

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 Satisfaction with the Reporting Platform

- ☒ Very Satisfied  
☐ Satisfied  
☐ Neutral  
☐ Dissatisfied  
☐ Very Dissatisfied

The Reporting Process Is Clear, Efficient, and Easy to Navigate

- ☐ Strongly Agree  
☐ Agree  
☐ Neutral  
☐ Disagree  
☐ Strongly Disagree

Training and Support Resources Prepared Me to Complete Reporting

- ☐ Strongly Agree  
☐ Agree  
☐ Neutral  
☐ Disagree  
☐ Strongly Disagree

Platform Functionality Meets My Reporting Needs

- ☐ Strongly Agree  
☐ Agree  
☐ Neutral  
☐ Disagree  
☐ Strongly Disagree

27

Click **Next** to proceed to the Submission Page

Training and Support Resources Prepared Me to Complete Reporting

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Platform Functionality 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?

Additional Feedback

[Back](#)

[Save for Later](#)

[Next](#)

## Report Summary and Submission

28

The final page displays a summary of your report. Carefully review all information before submitting.

Only **one submission per Local Unit of Government** is permitted, and **no changes or corrections can be made after the report has been submitted**. Do not select "**Submit**" until you have confirmed that all information is complete and accurate.

If any information needs to be updated, select the **pencil icon** next to the applicable section header to return to that section and make edits.

Please review your information carefully and do not submit until you have confirmed its accuracy. Select the edit icon next to any section below to return to that page and revise your answers before submitting.

| Local Unit of Government Information  |                               |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Name of Local Unit of Government                                                                                       | Adams County                  |
| Name of Designated Representative Completing This Form                                                                 | Test                          |
| Title                                                                                                                  | Test                          |
| Email Address                                                                                                          | jessica.orrick@egis-group.com |
| Phone Number                                                                                                           | 131-738-5966                  |
| Has Your Community Established a Committee for Opioid Settlement Spending?                                             | No                            |
| Does Your Community Plan to Establish a Committee for Opioid Settlement Spending?                                      | No                            |
| Is Your Community Interested in Receiving Technical Assistance?                                                        | No                            |
| DESIGNATED APPROVER 1                                                                                                  |                               |
| Name                                                                                                                   | Test                          |
| Title                                                                                                                  | Test                          |

| Local Opioid Settlement Details  |              |
|---------------------------------------------------------------------------------------------------------------------|--------------|
| Total Amount Received through June 30, 2026                                                                         | \$469,155.99 |
| Is the Total Amount Listed Above Correct?                                                                           | Yes          |

| Local Opioid Settlement: Restricted Fund Details  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|
|--------------------------------------------------------------------------------------------------------------------------------------|--|

29

Once you have reviewed the Report Summary and confirmed that all information is accurate and complete, select **"Submit."**

After submission, a PDF copy of the report will be available for download. A copy of the submitted report will also be emailed to the email address provided in the Contact Information section of the form.

|                                                                       |     |
|-----------------------------------------------------------------------|-----|
| Are the Total Unrestricted Funds Listed Above Correct?                | Yes |
| Unrestricted Funds Were Expended Between July 1, 2025 - June 30, 2026 | No  |

**Local Opioid Settlement: Revised Expenditures**

|                                 |    |
|---------------------------------|----|
| Were Past Expenditures Revised? | No |
|---------------------------------|----|

**Survey**

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| Overall Satisfaction with the Reporting Platform                 | Very Satisfied |
| The Reporting Process Is Clear, Efficient, and Easy to Navigate  | —              |
| Training and Support Resources Prepared Me to Complete Reporting | —              |
| Platform Functionality Meets My Reporting Needs                  | —              |
| I Felt Supported When I Had Questions or Encountered Issues      | —              |
| What Improvements Would Enhance Your Experience?                 | —              |
| Additional Feedback                                              | —              |

After submitting your report, a PDF copy of this report can be downloaded and will also be emailed to [jessica.orrick@egis-group.com](mailto:jessica.orrick@egis-group.com).

For assistance completing the form or to report an error, contact: [INopioidsettlement.us@egis-group.com](mailto:INopioidsettlement.us@egis-group.com).

Please take a moment to double-check your entries and submit only when you are confident everything is correct. You will not be able to edit your response after submission.

Back

Save for Later

Submit