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

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

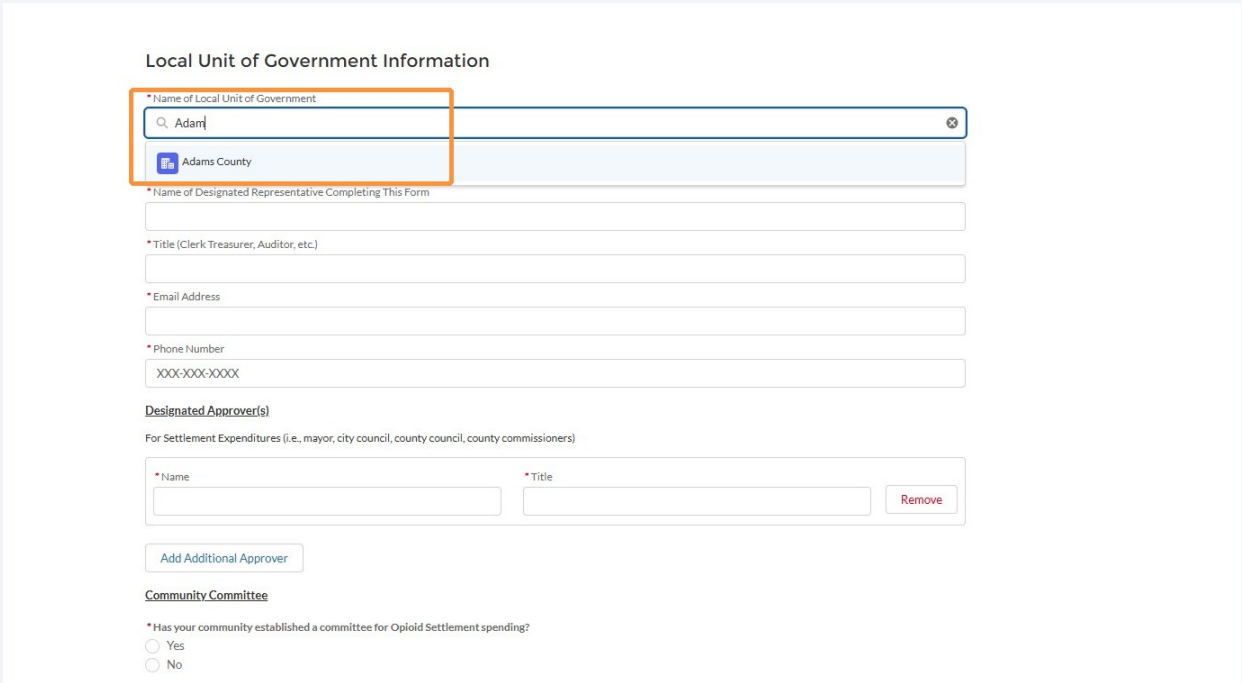
Alert! If you need to pause and return later, click **" Save for Later"** button located on each page of the form. This will allow you to save your progress and resume completing the report at a later time. Be sure to use this feature before leaving the form if you have not yet submitted your report.

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

3 Click "Start Here" to begin the form

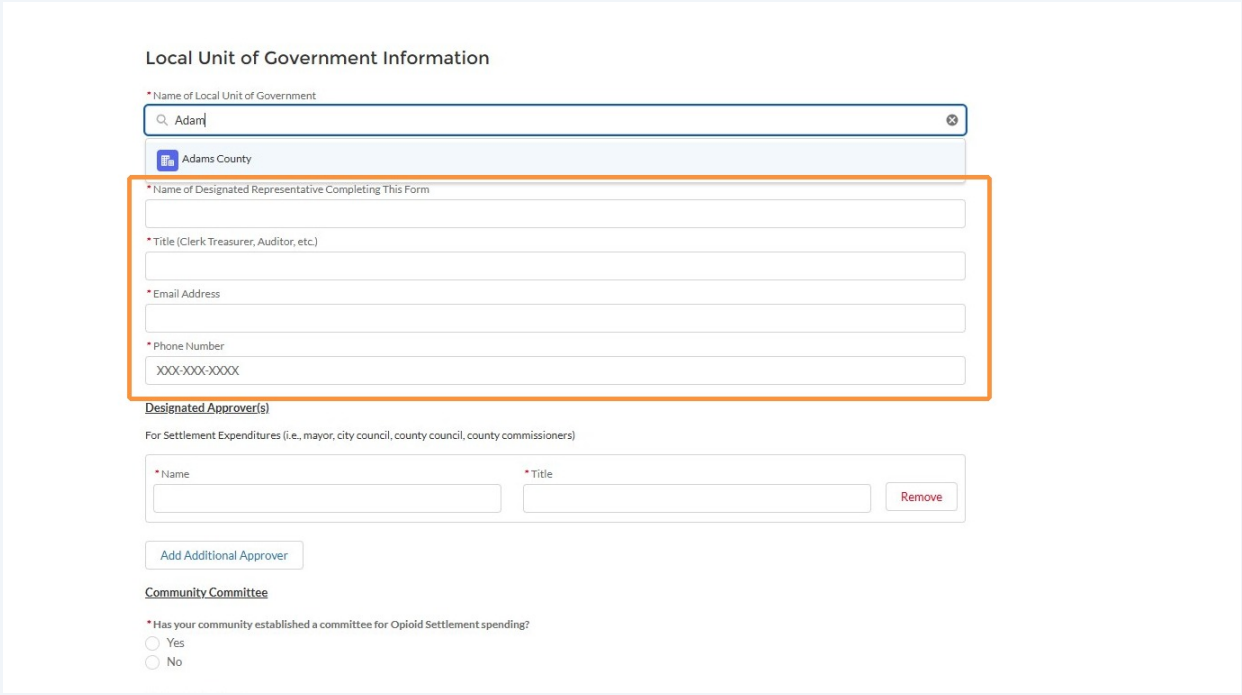
Local Unit of Government Information

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



5

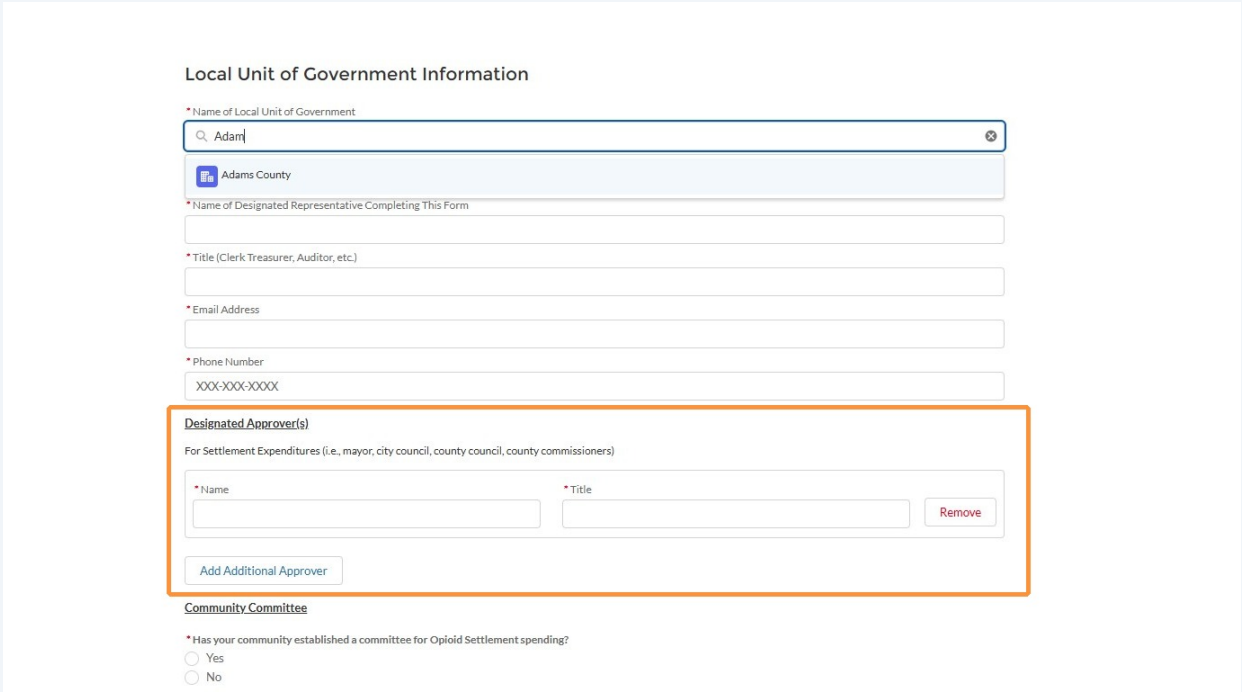
Enter the following details for the individual completing the form:
• **Full Name:** First and last name of the designated representative completing the report
• **Title:** Official title (e.g., Clerk Treasurer, Auditor)
• **Email Address:** A valid email address for follow-up communication
• **Phone Number:** Direct phone number, including area code



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)

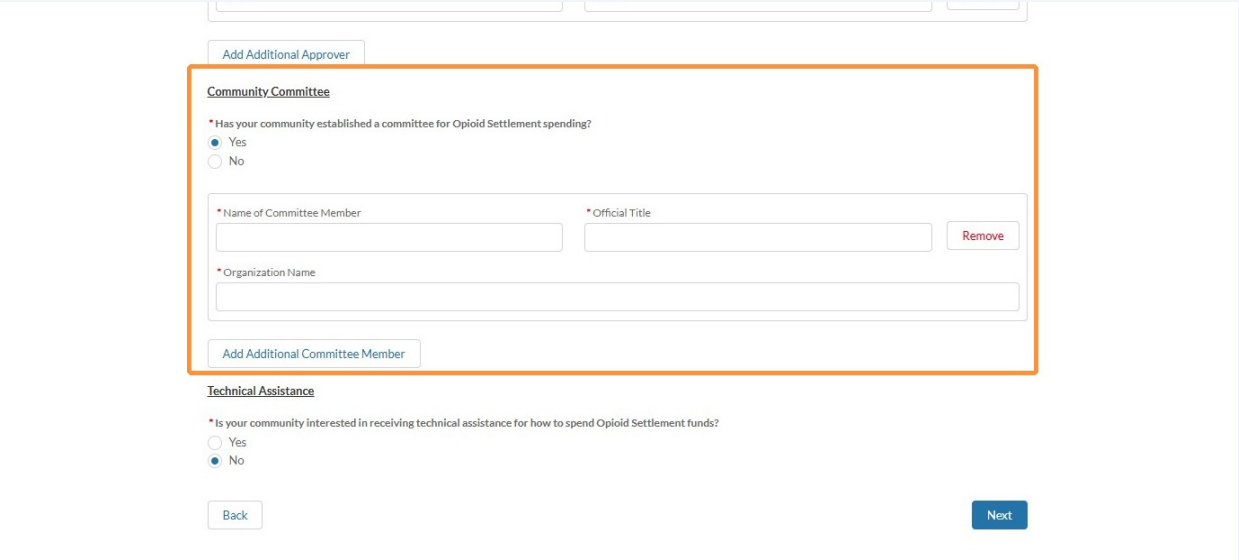
• **Add Additional Approver**: Select this option if you need to enter information for one or more additional designated approvers. A new set of fields will appear for each additional approver.



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.

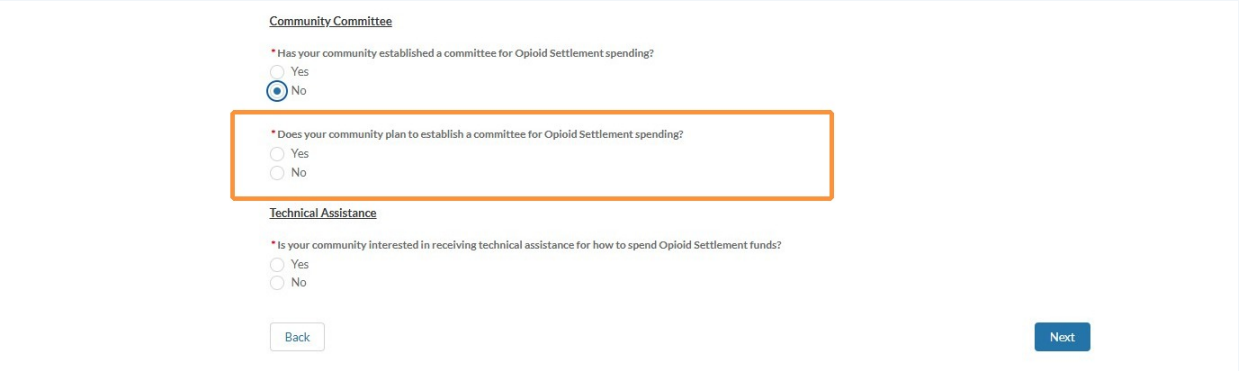


8 If you select **"No"** to having a Community Committee, an additional question will appear:

• **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.



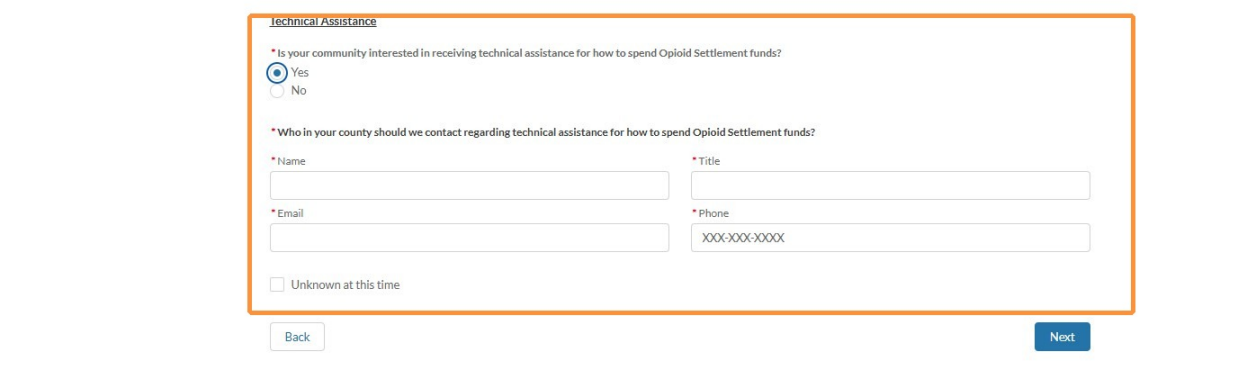
Technical Assistance

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

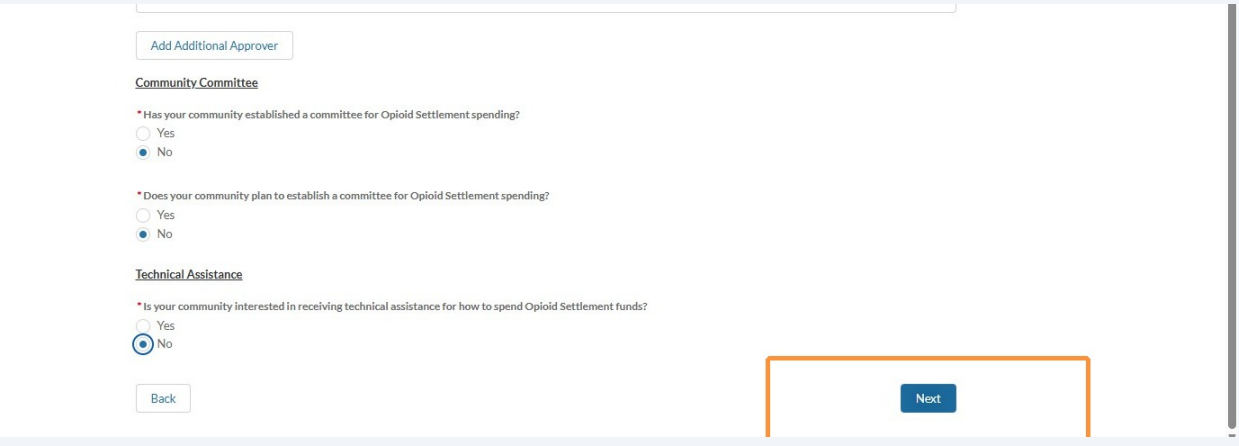
• If you select **Yes**, provide the contact information for the individual in your county or community who should be contacted regarding technical assistance for how to spend Opioid Settlement Funds:

- **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."**

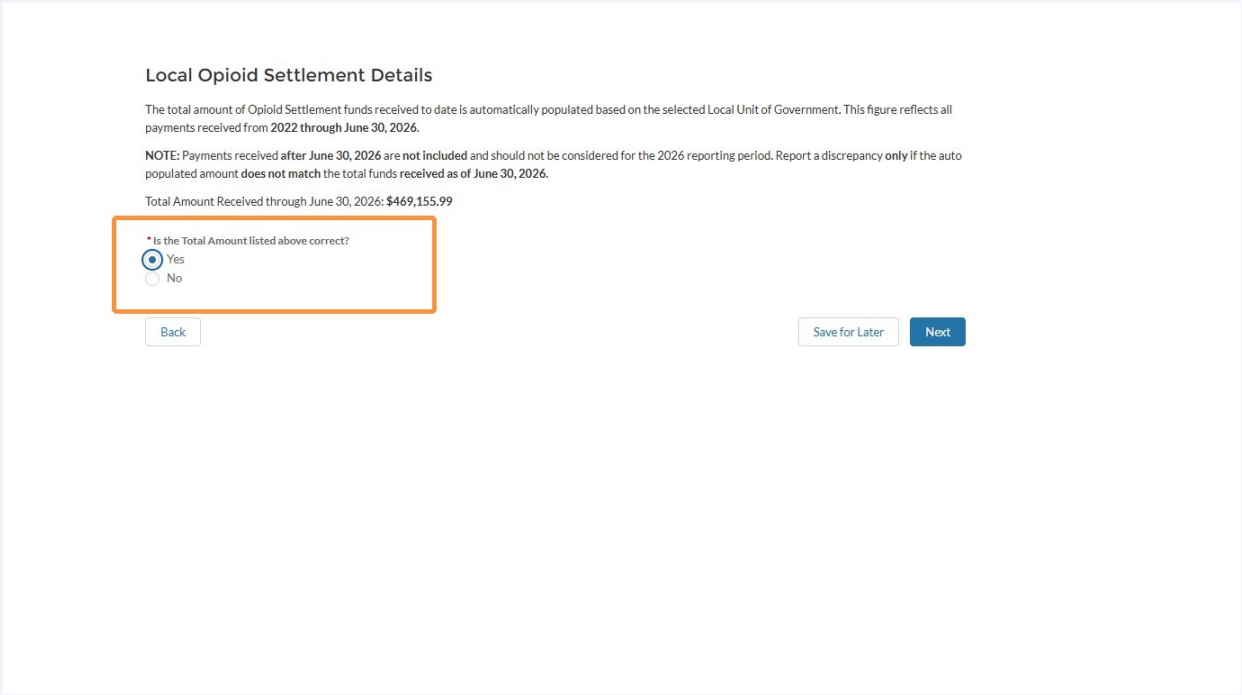


10 Click **Next** to proceed to Settlement Details.



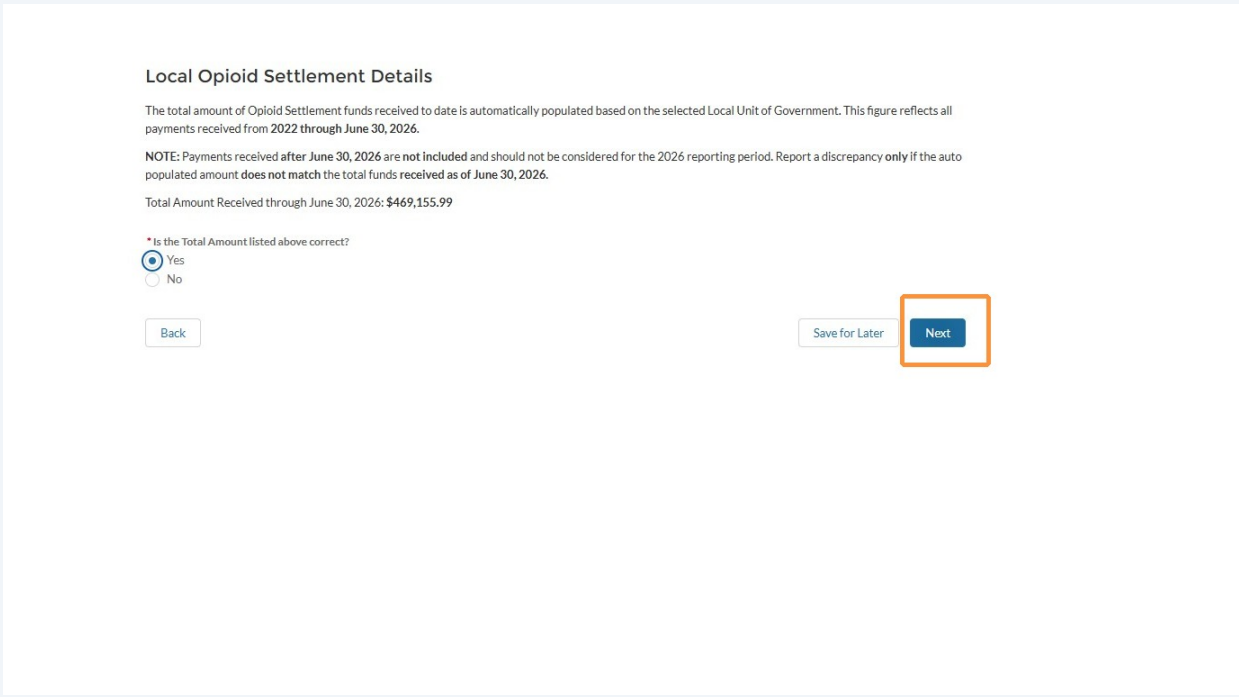
Local Opioid Settlement Details

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.



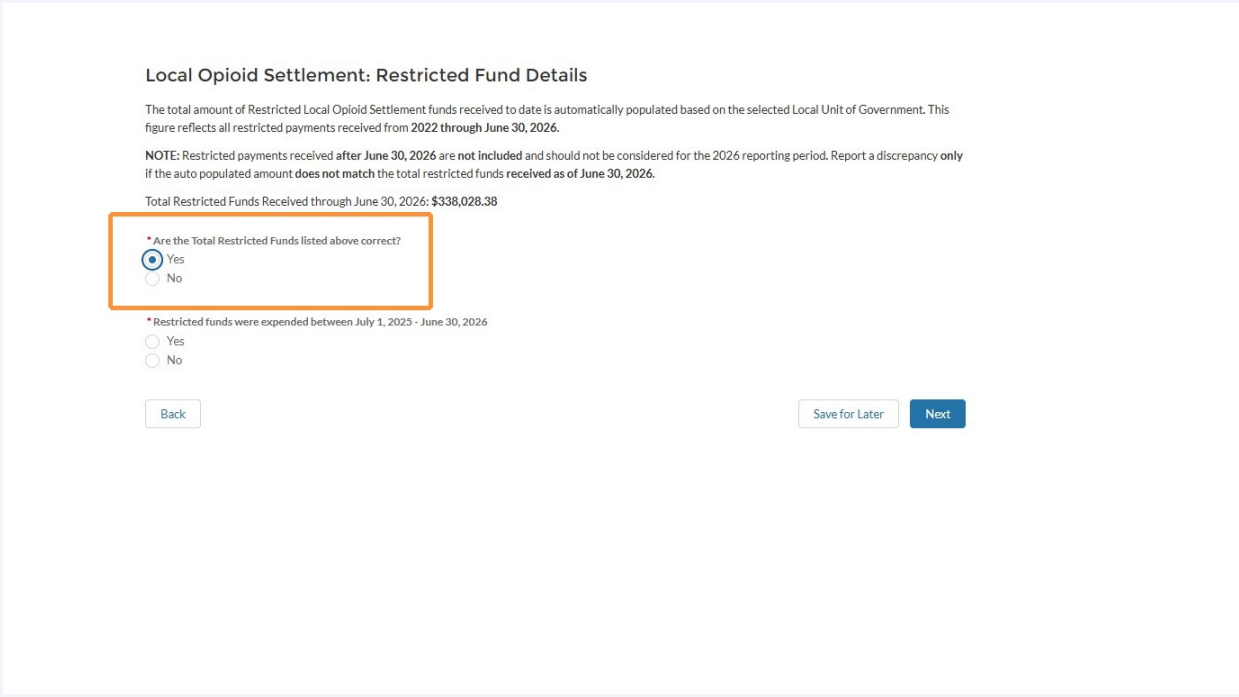
⚠ Alert! The Total Amount Received to Date is pre-populated based on the Local Unit of Government selected at the beginning of the form.
The amount shown reflects all payments received through June 30, 2026. Any payments received after June 30, 2026, are not included in this figure.
Only report a discrepancy 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.

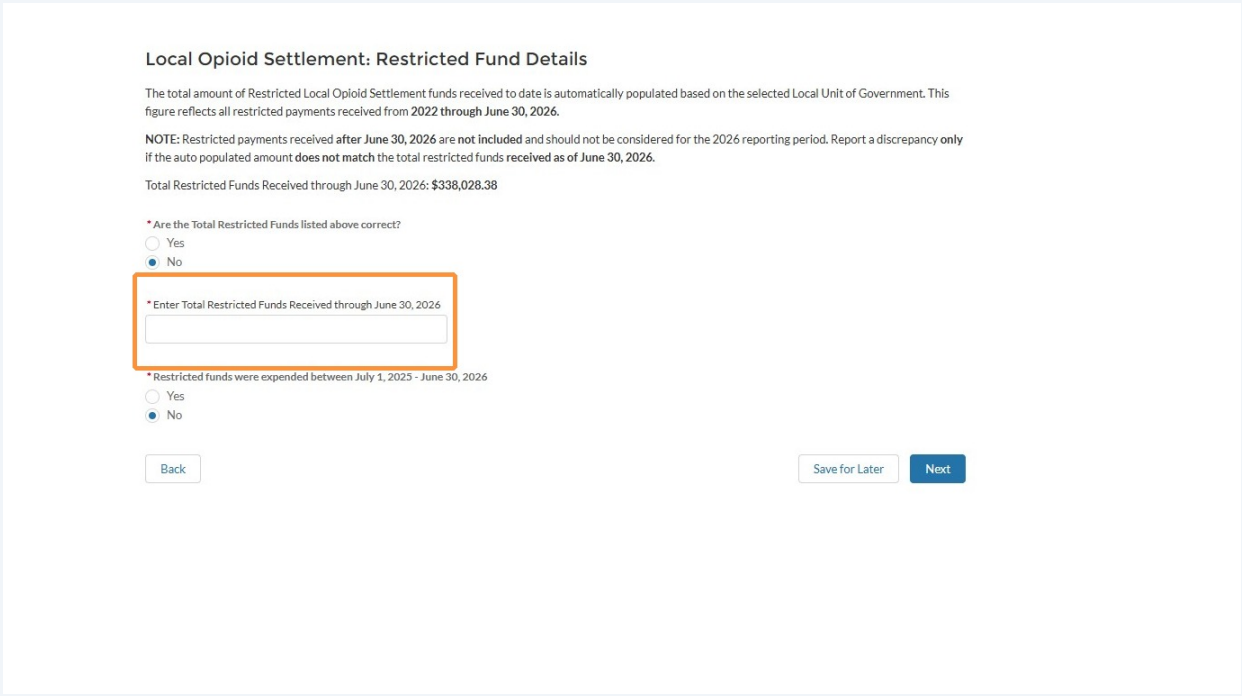


Restricted Fund Details

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



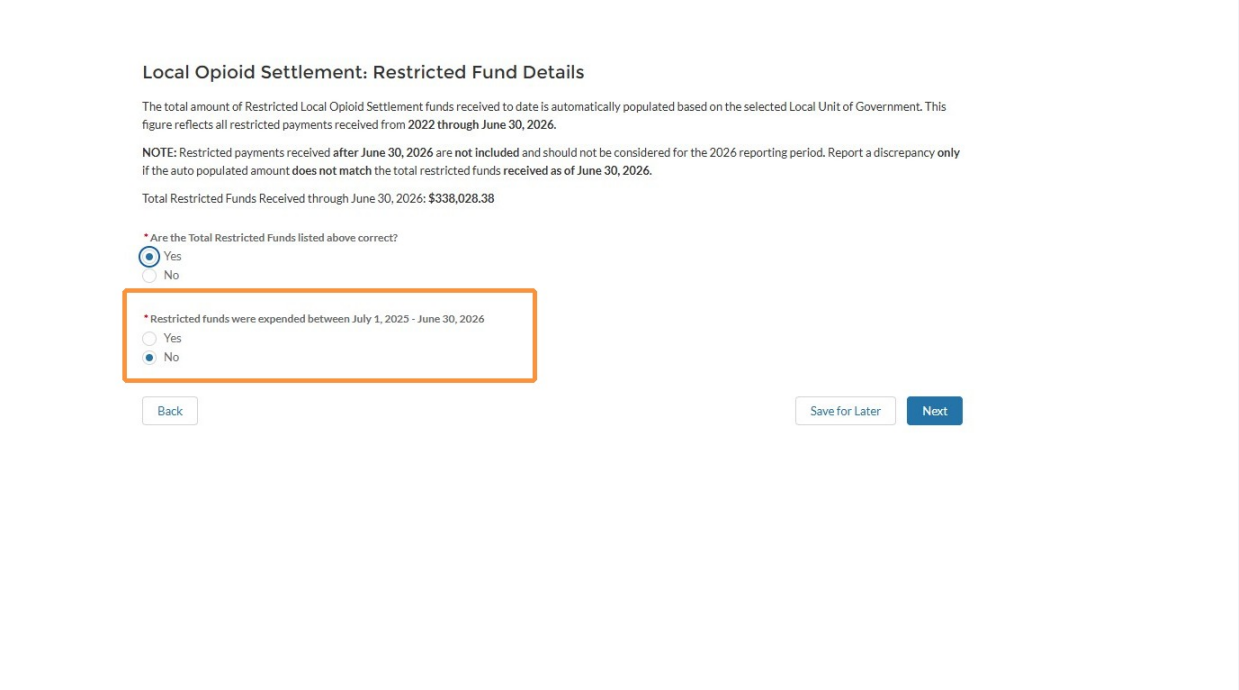
14 If **No** is selected, enter the total Restricted Funds received through **June 30, 2026** in the populated box.



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.

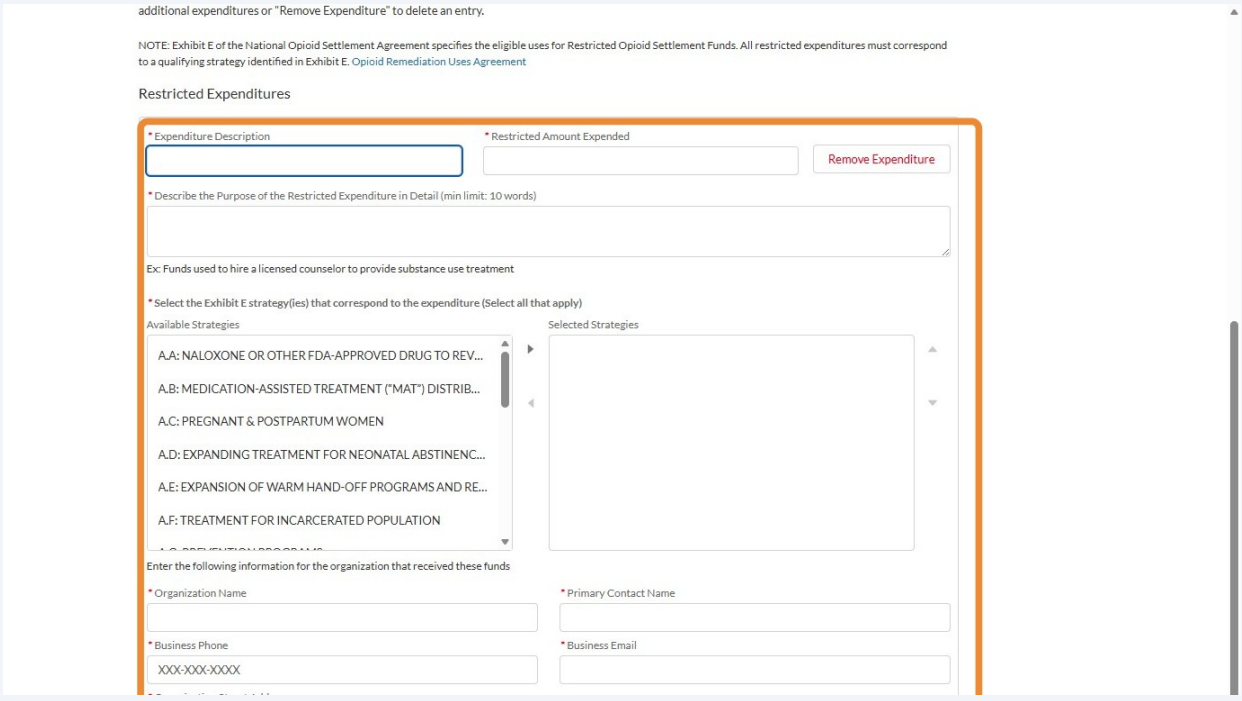


16 For each Restricted Fund expenditure made during the reporting period, enter the following information:

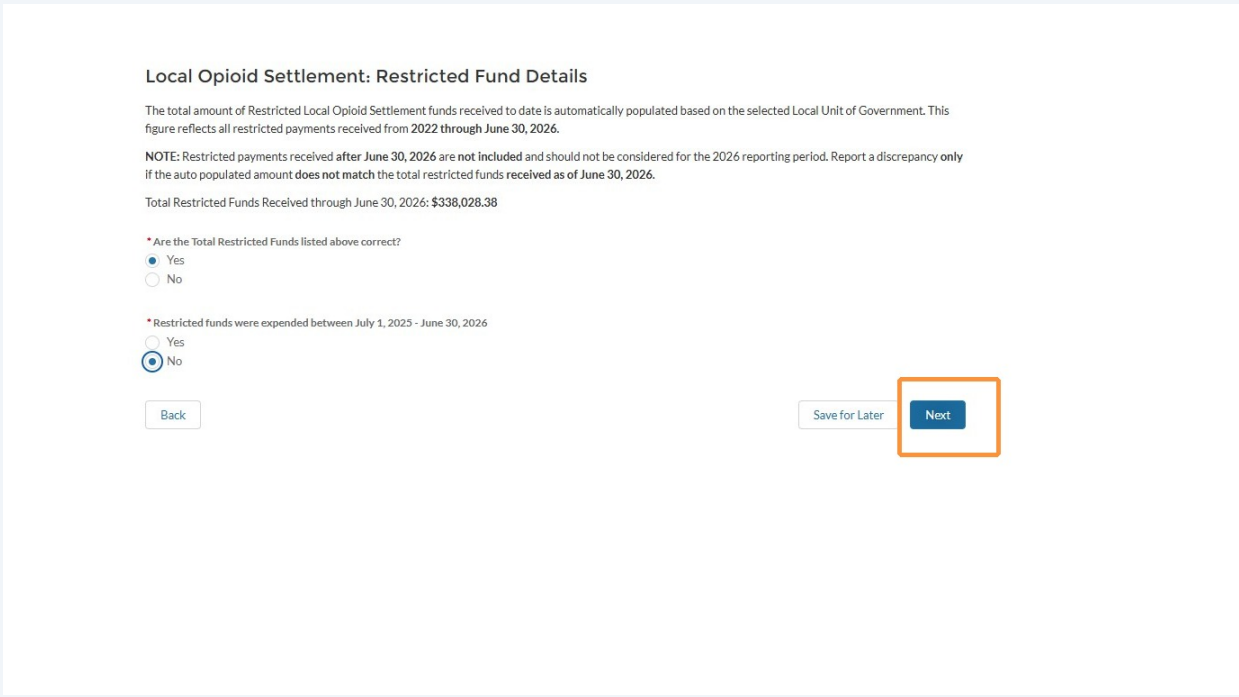
- **Expenditure Description** – Brief description of the expenditure.
- **Restricted Amount Expended** – Total amount spent during the reporting period.
- **Purpose of Expenditure** – Brief explanation of how the funds were used.
- **Qualifying Strategy (Exhibit E)** – Select the applicable Exhibit E 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."**

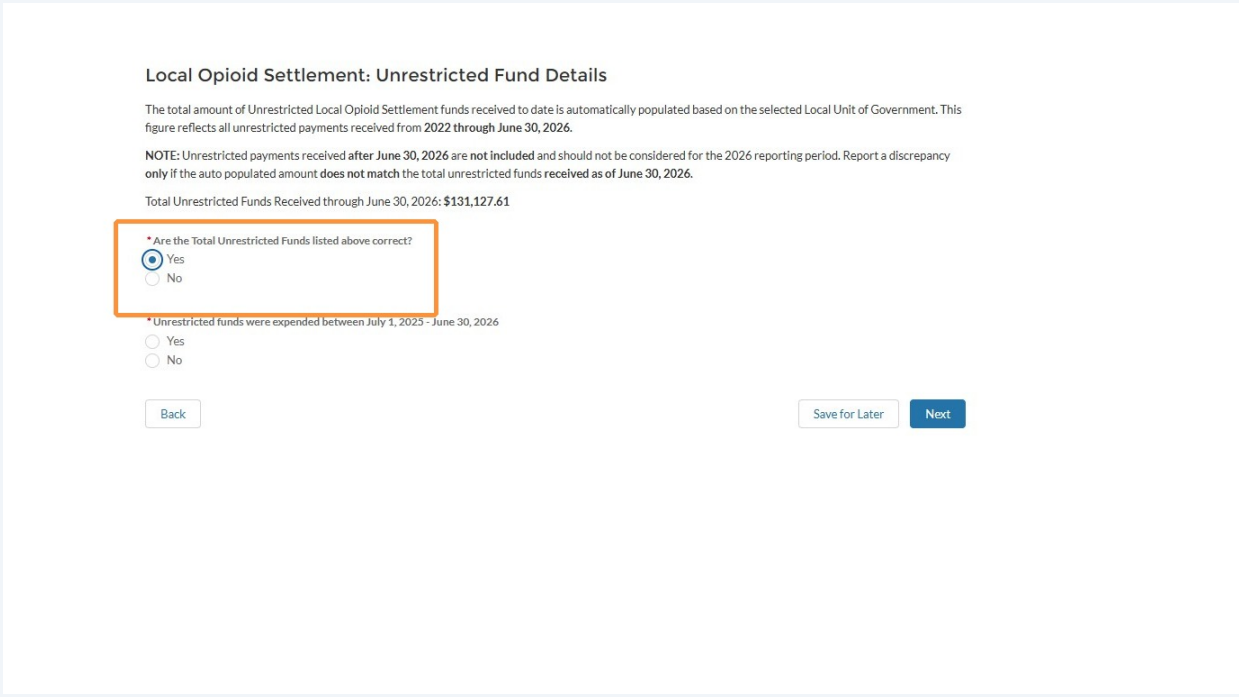


17 Click **Next** to proceed to Unrestricted Fund Details.

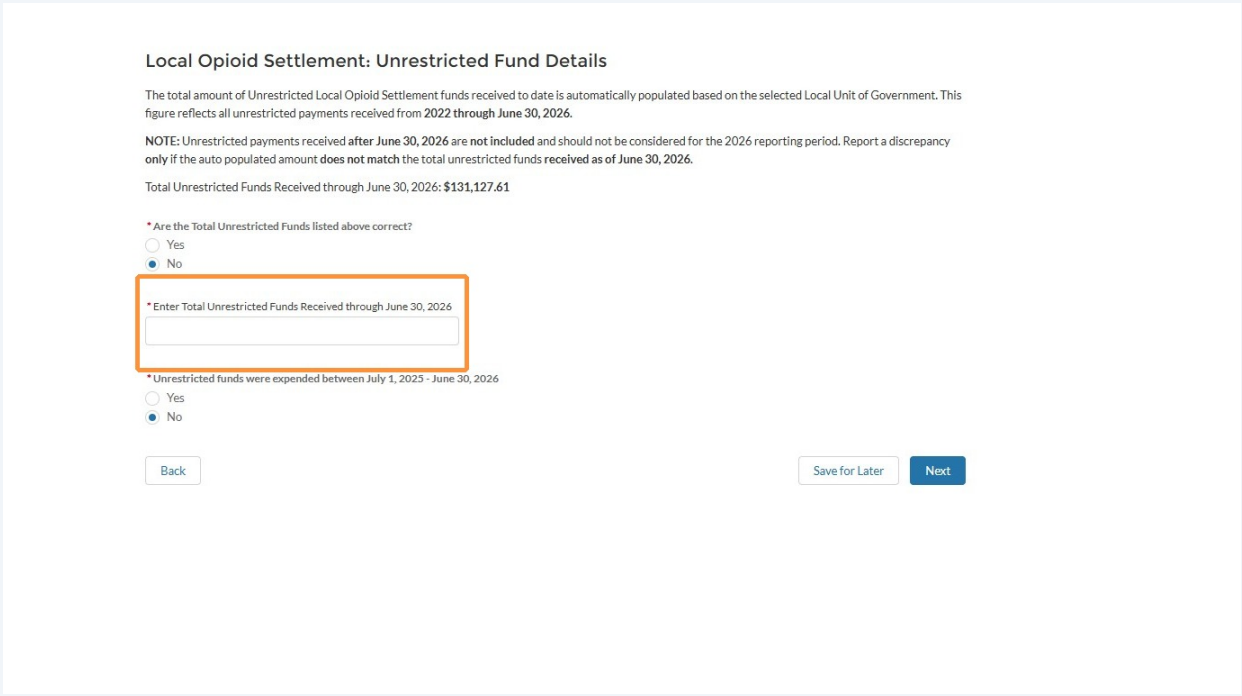


Unrestricted Fund Details

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



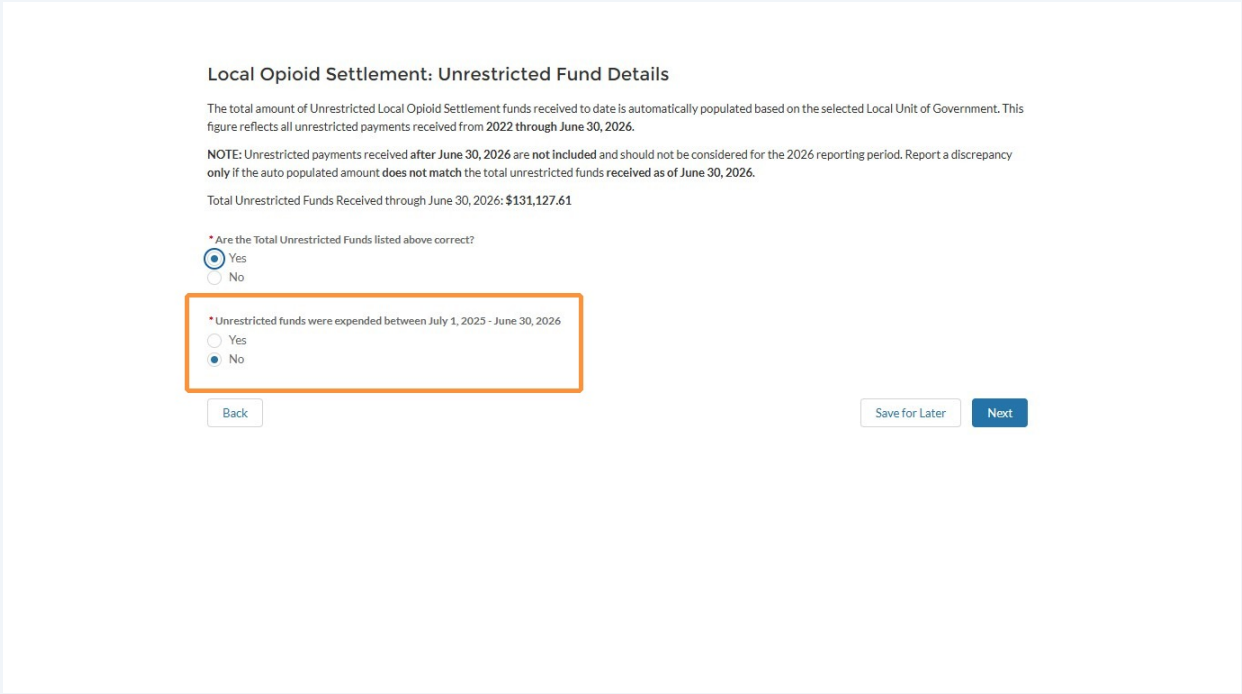
19 If **No** is selected, enter the total Unrestricted Funds received through **June 30, 2026** in the populated box.



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.

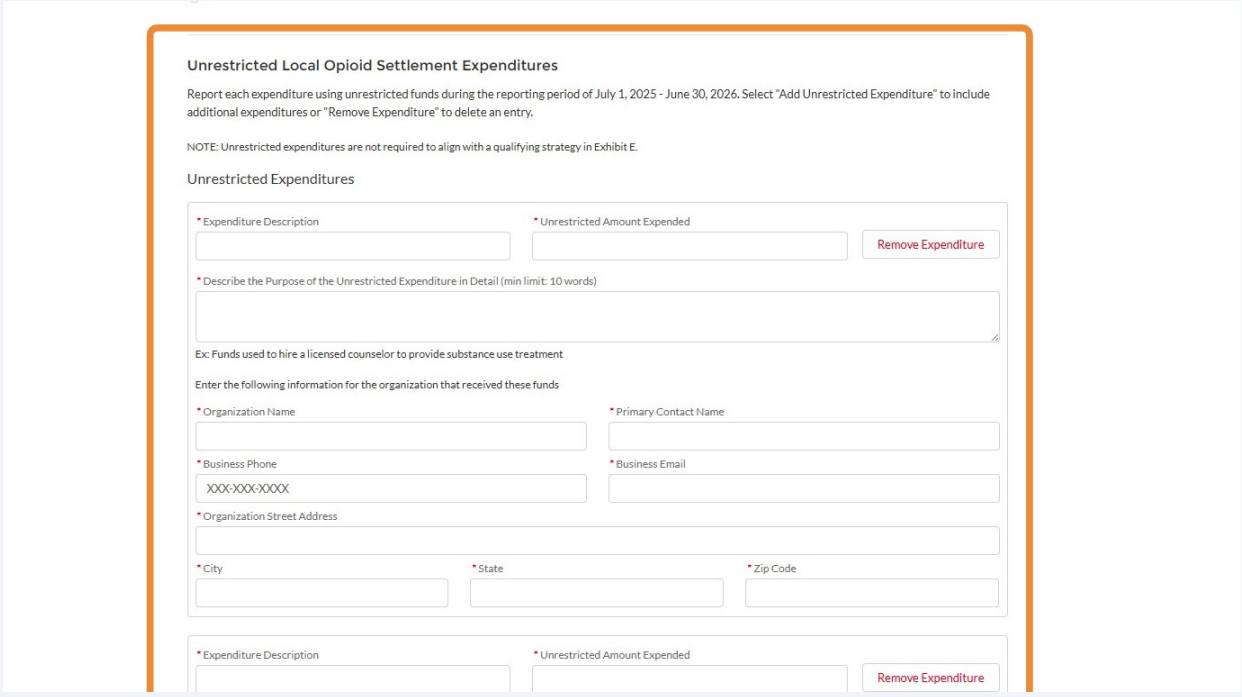


21 For each Unrestricted expenditure made during the reporting period, enter the following information:

- **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.

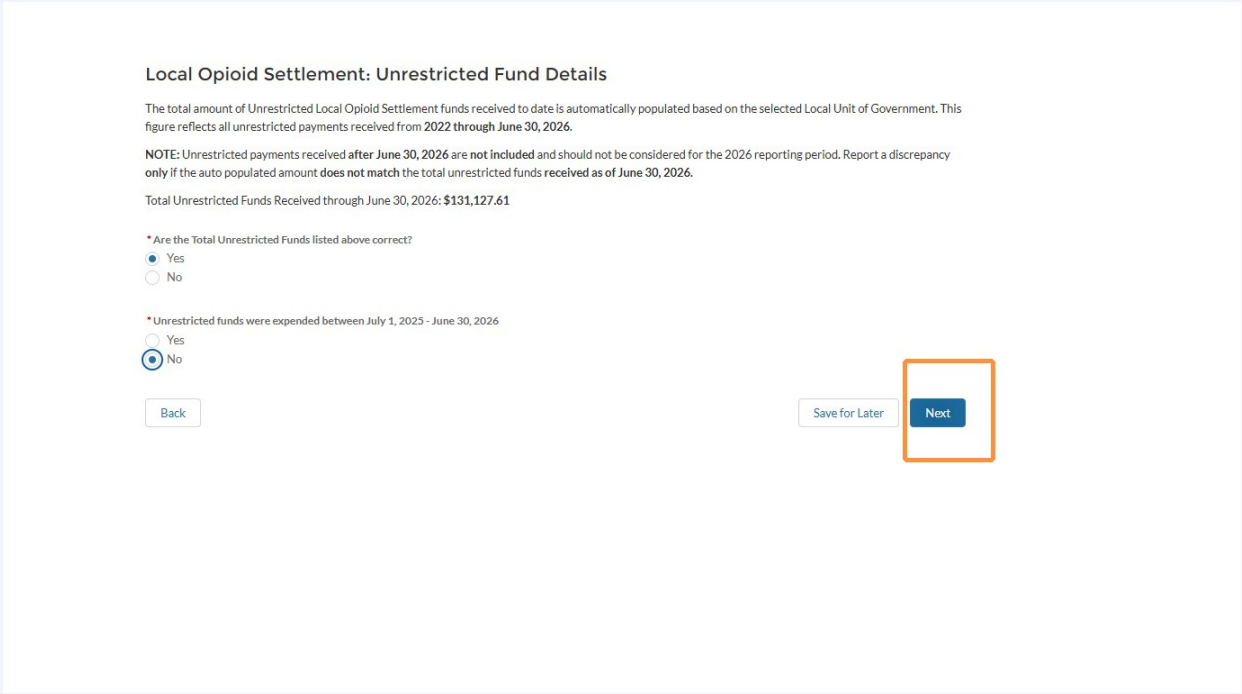
If you need to remove an expenditure, select **"Remove Expenditure."**



⚠ 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.

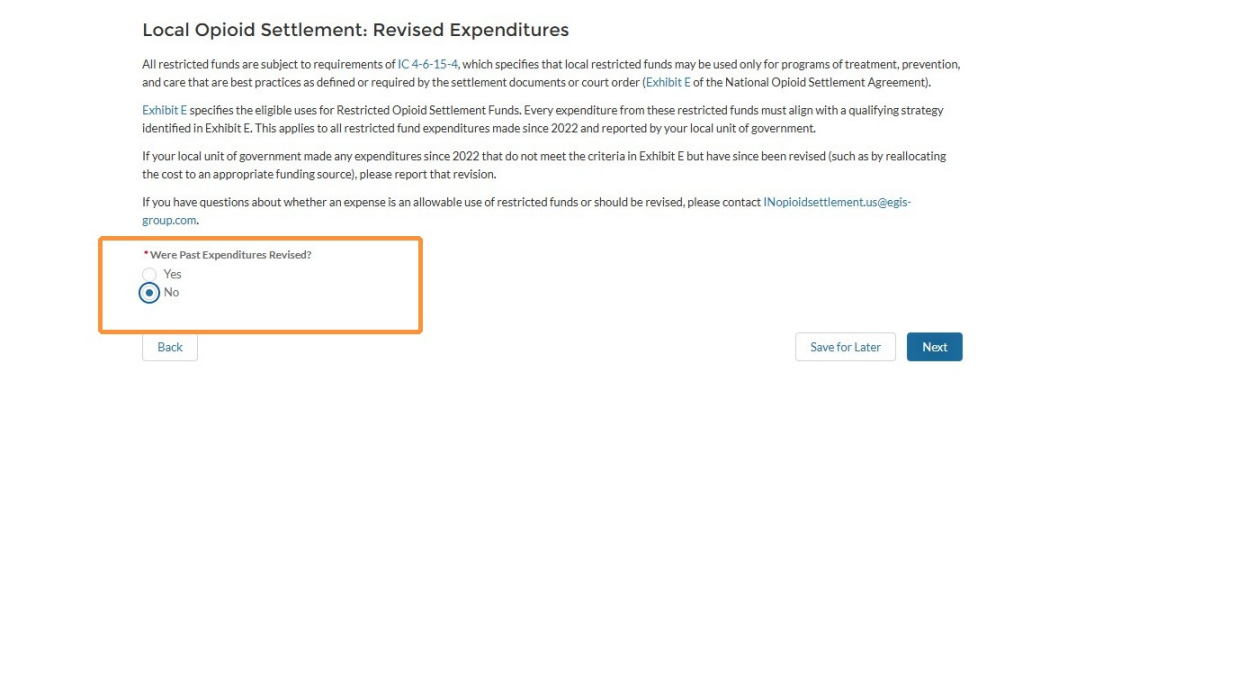
22 Click **Next** to proceed to Revised Expenditures.



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).

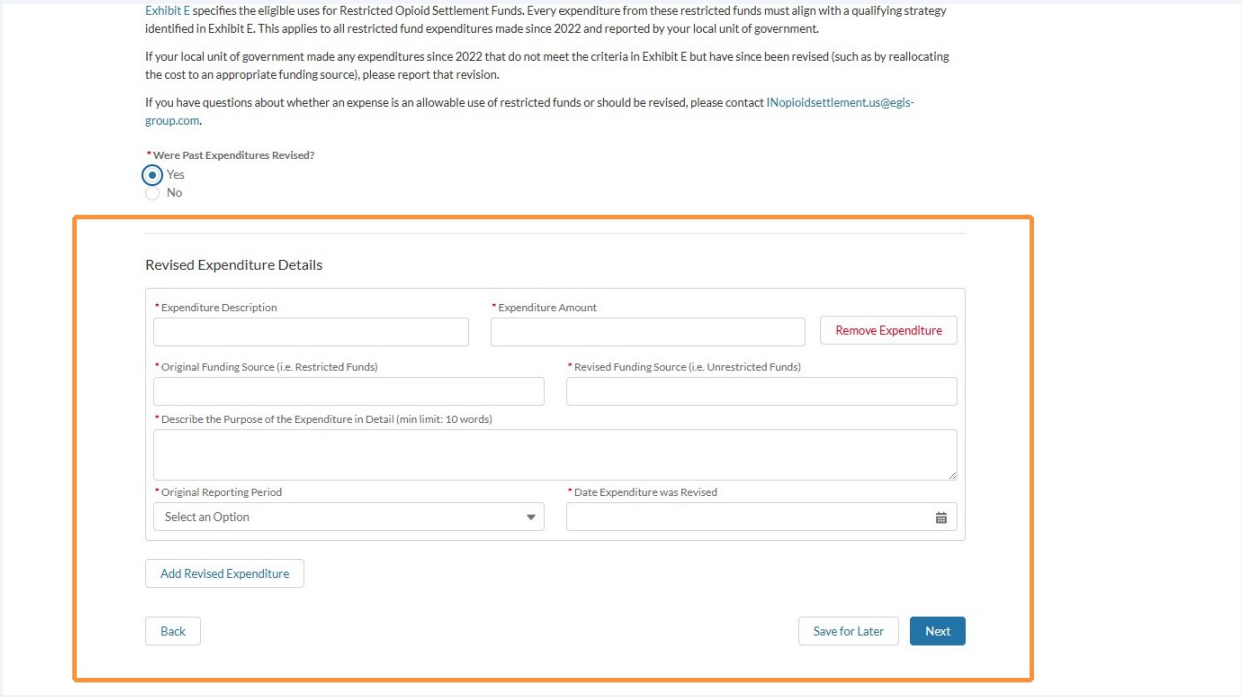
- **Yes** – A section will populate where you can enter additional details about the revised expenditure(s).
- **No** – Continue to the next section of the report.



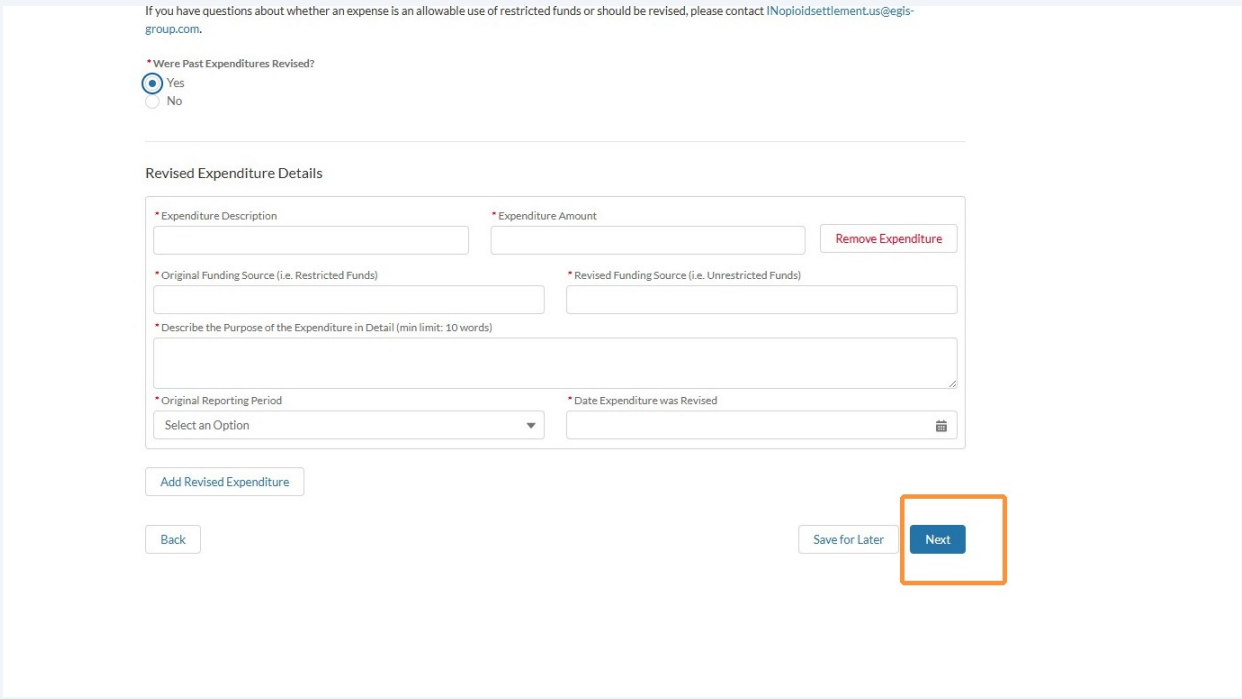
24 If **Yes** is selected, enter the following information for each revised expenditure:

- **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.

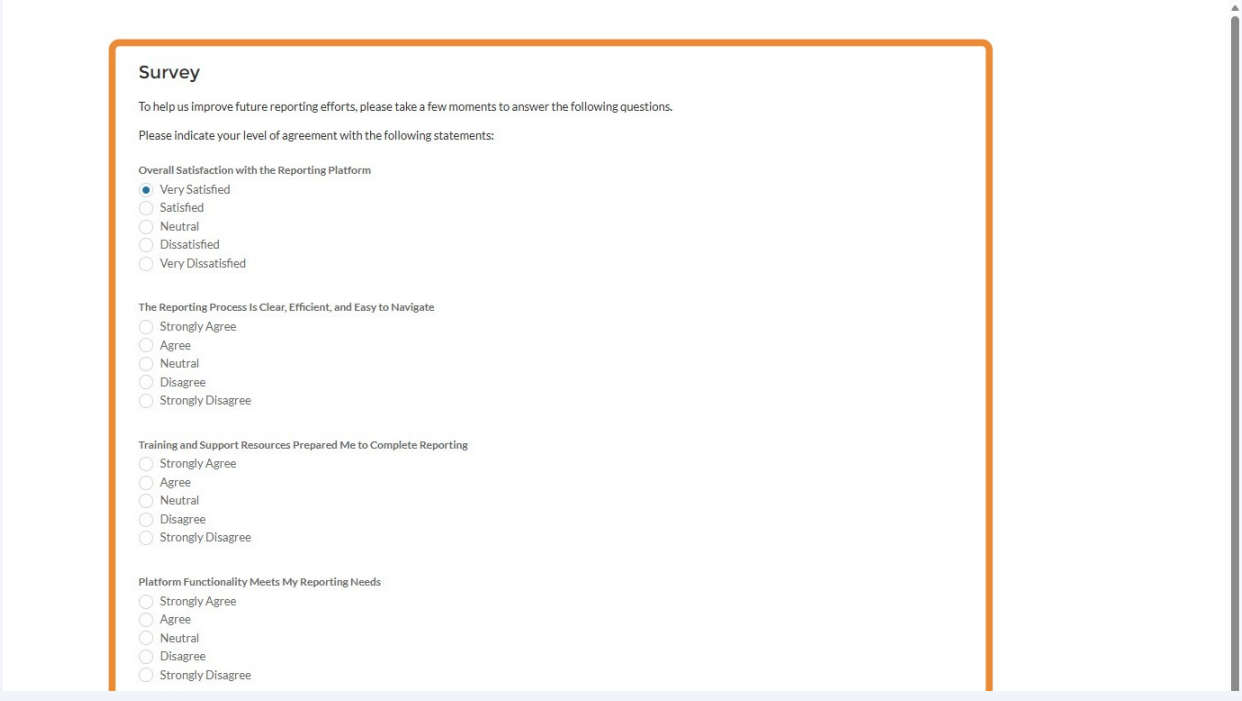


25 Click **Next** to proceed to the Survey

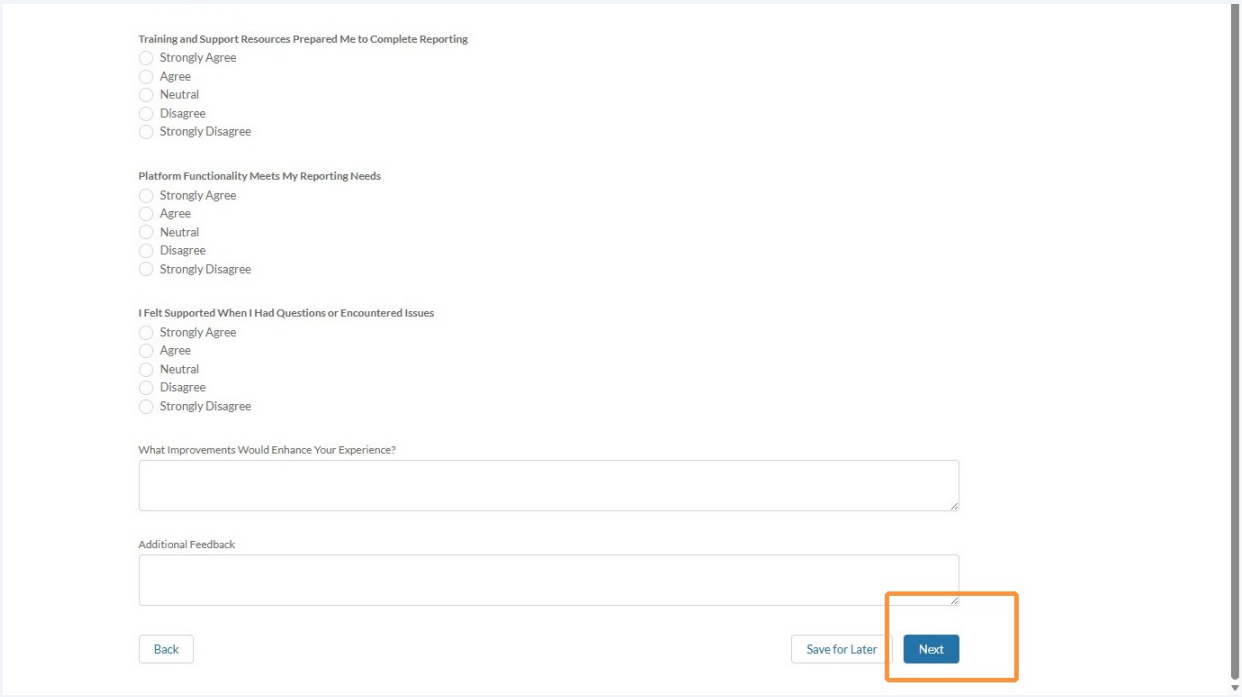


Feedback Survey

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.



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

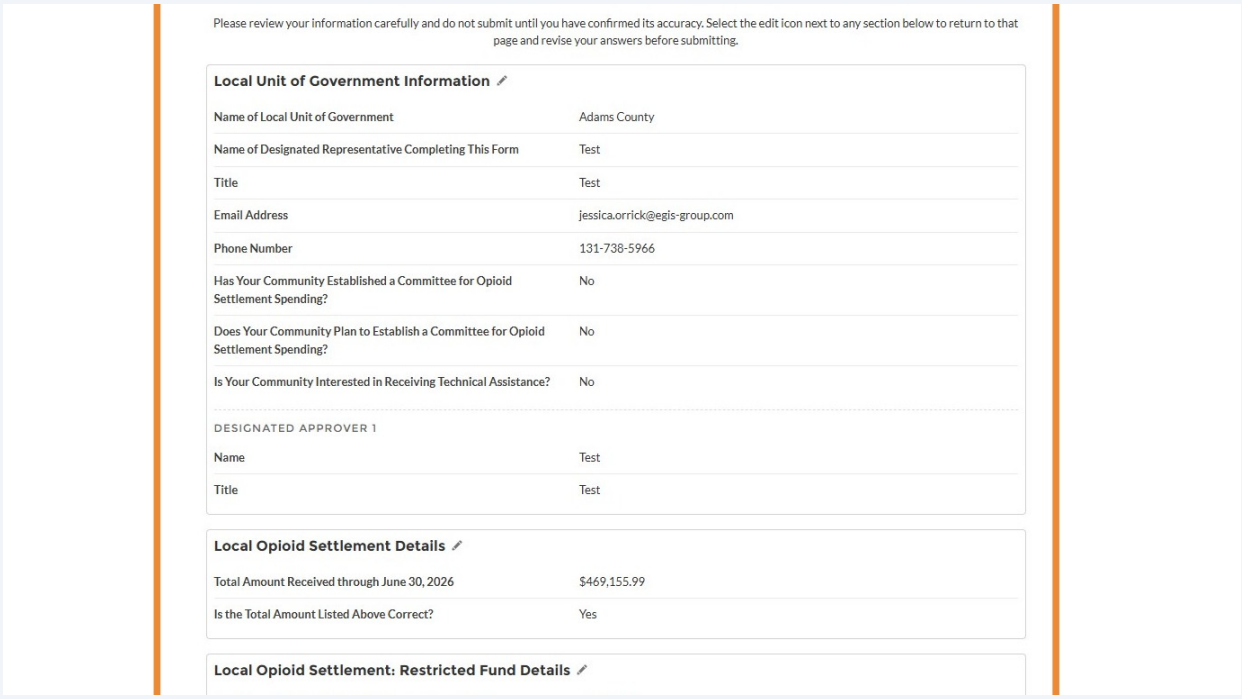


Report Summary and Submission

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.